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PHYSICIANS should state of OCCUPATION Is very RECORD statement FNT EXACTLY RMAN classified. 4 be pinous properly 14 AG Z supplied. pe UNFADING may certificate. carefully thst 80 0 back 2 terms, pino 00 plain Instructions PLAINL Information 2 DEATH WRITE 90 CAUSE OF Important.

STATE OF MARYLAND ERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in Ward) a hospital or Institution. give its NAME instead ot street and number. I MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH MARRIE WIDOWED, (Month) (Day) (Year OR DIVORCED (Write the word I HEREBY CERTIFY, That I attended deceased from 17 OF BIRTH (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, f day,hrs. OR min. ? BOCCUPATION (a) Frade, profession, or (b) General nature of industry. business, or establishment in (Doration) which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER BIRTHPLACE ENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-ARI 12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, O. OF MOTHER (State or country OR RECENT RESIDENTS) At place io the __ yrs. mos. ... State ds. Where was disease contracted. It not at place of death? Former or usual residence. BURLAL OR REMOVAL TE OF BURKA 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the despect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medicai Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." Accidental drowning; Struck by railroay train-acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 da.; State cause for



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No. 1. v2

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PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. 4 UNFADING INK-THIS IS pinous AGE carefully supplied. that it may be DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH of information CAUSE OF Important.

1	PLACE	OF	DEATH	228

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.: Ward)

(if death occurred in a hospital or institution, give its NAME Instead of street and number.]

1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH TAXAL ZZ , 191 (Month) (Day (Year)
6 DATE OF		that I last saw h han alive on Transch 32 1914.
7 AGE	yrs 8 mos 2 7 ds. or min.?	and that death occurred on the date stated above, at 9, 30Pm The CAUSE OF DEATH* was as follows:
particular ki (b) General business, or which emplo	or country)	(Duration) yrs mos ds Gontributory Secondary
10 NAME OF FATHER Samuel C. Anderson 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER		(Signed)
13 BII	RTHPLACE MOTHER Transpland RTHPLACE MOTHER State or country) Mayland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, INSTITUTION
(Ad	idress) Jessep And.	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 20 UNDERTAKER APDRESS APDRESS APDRESS

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, "Manager," "Dcaler," etc., Without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. ness of various pursults ean be known. The question tion is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or judnstry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

lesis of lungs, pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of causing death (the primary affection with respect to ("Pneumonia," forer (the only definite synonym is term for the same disease. Examples: Cerebrospinal time and eausation), using always the same accepted "Croup";) Statement of cause of death-Name, first, the DISEASE Typhoid meninges, peritonaeum, etc., unqualified, is indefinite): Tubercufever (never report "Typhoid "Epidemic cerc-

> nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatie), "Atrophy," affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Aceidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; State cause for Never report



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OCCUPATION RECORD PERMANENT UNFADING 0 instructions pia DEATH PO Every He mportan

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. tolland It death occurred in a hospital or institution. give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) (Dav I HEREBY CERTIFY. That I attended deceased from (Day (Month) (Year) TAGE It LESS than and that death occurred on the date stated above, at 10,30 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. (State or country) ... mos. ... State ... _ ds. Where was disease contracted. 14 THE ABOVE IS TRUE It not at place of death? Former or usual residence. REMOVAL DATE OF BURIAL 15 DDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of age. should be taken to report specifically the occupations mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many cated thus: Farmer (retired 6 yrs.) For persous CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. Physician, Compositor, Architect. Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various parsuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

losis of lungs, pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meniughtis"); Diphtheria fever (the ouly definite synonym is "Epidemic cereterm for the same discase. Examples: Cerebrospinal CAUSING DEATH (the primary affection with respect to ("Pneumonia," time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Typhoid meninges, peritonaeum, etc., unqualified. Is indefinite): Tubercufever (never report "Typhoid (avold use Carcin-

> rateular heart disease; Chronic interstitial nephritis. cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) lnjury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BURBAU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH County.... Registration Dist. No fit death occurred in /__Ward) a hospital or institutico. give its NAME lostead of street and comber.] * FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCEO Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 dayhrs. OR 7 6 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment to (Duration) which employed (or employer) -----Contributory. BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE 191 Lr. (Address) K OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country _____ yrs. ____ mos. ____ ds. State Where was disease contracted. 14THE ABOVE IS If oot at place of death?. Former or (intermant) osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL, 191. 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 16

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-For VIO-



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT of ATH in planting DEAT item Every item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number.] arcia Bond PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day (Year) If LESS than 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place · In the OF MOTHER (State or country) of death State yrs. _ mos. ds. Where was disease contracted, 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR DATE OF BURIAL (Address)..... 15 ADDRESS

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pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," "Croup";) time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemie eereterm for the same disease. Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonacum, etc., meningitis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Diphtheria (avoid Examples: Cerebrospinal use Carcin-

> ture of the American Medical Association. cause of death approved by Committee on Nomenelascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HUMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asralvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. cte., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debllity" ("Con-Bronchopneumonia (secondary), 10 ds. affection peed not be stated unless important. "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Mcasles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (secondary or intercurrent) State eause for "Exhaustion," Never report For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred lo a hospital or lostitution, give its NAME lostead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED WIDOWED, (Year) ORDIVORCED (Month (Day (Year) TAGE If LESS than and that death occurred on the data stated above 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ----9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address)QQ OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS 13 BIRTHPLACE At place lo the OF MOTHER (State or country of death State . yrs. Where was disease contracted. If not at place of death? Former or usual residence OR REMOVAL 15 20 AUNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At sehool or At home. Care mine, etc. "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaemus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



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state Yery SICIANS should PHYSICIANS 30 statement classifled. properly supplied. pe may certificate. = that 80 0 back terms, pinous uo ATH in plain instructions Information DEATH See of Item OF mportant. CAUSE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred la Ward) a hospital or lostitution. give its NAME lostead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S BINGLE. DATE OF DEATH 30 MARRIED. WIDOWED. (Month) (Dav ORDIVORCED HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the data stated above, at 1 dayhrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Buration) which employed (or employer) -----9 BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE / 191 5/ (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ___ State _____ yrs. ___ __ mos. __ Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDER ADDRESS REGISTRAR

If more blauks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the pisease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

N. B.

	PLACE OF DEATH 2288	STATE OF MARYLAND CERTIFICATE OF DEATH			
Co	unty A. C. Ge	5.5			
Vi	llage or City Brooklyn (No. 2215) 2 FULL NAME Josephine Br	Registered No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Fe.	* A COLOR OR RACE Sincer, MARRIED, ZHarried Wife MED, ORDINORCED (Write the word)	16 DATE OF OEATH (Month) (Day) (Year) WHEREBY CERTIFY. That I attended deceased from			
6 DA	March (Month) (Day) , 1862 (Year)	that I last saw her allve on March 14 1914			
7 AG	5 2 yrs. mos. 4 ds. OR mln.?	and that death occurred on the date stated above, at 7.7.5 A.m. The CAUSE OF DEATH* was as follows:			
(a) par (b) bush	Trade, profession, or licular kind of work. General nature of Industry, mess, or establishment in the employed (or employer)	Question) — yrs. — mos 6. ds.			
9 BI (St	RTHPLACE ate or country) Baryland	Contributory (Secondary) (Duration) yrs mos ds.			
S	10 NAME OF GEORGE Hamond 11 BIRTHPLACE	(Signed) Pharry Selected AM D. March 15th, 191 th. (Address) L. Hauster Vin Rath			
ARENT	OF FATHER (State or country) Marsha in A	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
<u>σ</u>	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death			
	(Informant) Henry Brokes	If not at place of death? Former or usual residence			
16 Fil	enat 14 1949 three of the	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL FAVENACE Branch march 1914 20 UNDERTAKER ADDRESS			
	REGISTRAR	Ar mation Denny to 715 Light et			
	11 more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				

[Approved by L. S. Census and American Public Health
Association.]

cuties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as statement. Never return "Laborer," "Foreman," Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mere symptoms or terminal conditions, such as "Asby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Condent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronio affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; Examples: 01



N. B.—Every ltem of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

	Ilage of City Brothlyn (No. 6)	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 25 [It deals occurred in a hospital or institution, give its NAME instead
	2 FULL NAME	Start and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ATE OF BIRTH A COLOR OR RACE MARRIED, WIDOWED, ORDIVORCEO (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 18 DATE OF DEATH (Month) (Day) (Year) 17 18 DATE OF DEATH (Month) (Day) (Year) 17 18 DATE OF DEATH (Year)
-	(Month) (Day) (Year)	that I last saw halle alive on Manche 15 191 4
7 AG	E 11 LESS than 1 day. hrs. mos. ds. OR min. ?	and that death occurred on the date stated above, at
(a) part (b) bush whice	Trede, profession, or licular kind of work	(Duration) yrs. mos. ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) PARAME OF STATE (State or country) PARAME OF MOTHER OF MOTHER	(Signed) (Ouration) yrs mos ds. (Signed) (Signed) (Ouration) yrs mos ds.
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in tha ot death yrs, mos. ds, State yrs, mos, ds. Where was disease contracted,
	(Informant) (Address) (Address)	15 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER Denton Brooks (Link) Browley
	if more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care additional line is provided for the latter statement; Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medicai Association.) "Contributory." cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childhirth or miscarriage, as "Pureperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can he ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-For vio-



BINDING FOR RESERVED MARGIN

PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH of information should be DEATH in plain terms, s WRITE N. B.—Every item CAUSE OF important. V. S. No. 1.

carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

PLACE OF DEATH 2280	CERTIFICATE OF DEATH
Village or City annafachis (No. 178, 19	Registration Dist. No. 2-1 Ward) [If death occurred in a hospital or institution, give its NAME instead
*FULL NAME agnes Brown	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figure 1 Color of RACE STRICE, MARRIED, WILDOWED, WILDOWED, WHOWED, WHOWED, WHOWED, White the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
Month) (Day (Year)	Mel 25, 1914, to mel 25, 1914, that I last saw h. 12 allve on 12h 25, 1914
about 54 if LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at
*OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Evene diferded about intal
business, or establishment in which employed (or employer) Parthelace (State or country)	Contributory Secondary
10 NAME OF PAINES Skorler	(Signed) (Doration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) at a Co' Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds
(Informant) CLENCE OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) 3 5 15 13 Ellis Court	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SYEWENFULL CEMI - , 29 1914
Filed Mch 27, 1914 My Melsh REGISTRAR	E.H.B. Parker & Son 92 WEST ST

If more blauks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. statement. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive who have no occupation whatever, write Nonc. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If rctired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," engincer, The

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereuctissis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT NEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecietc., when a defiuite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. which surgical operation was undertaken. The contributory is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914 BURLLAUIVIS.

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS IS AGE should PLAINLY, WITH CAUSE OF Important. 00 ż

1 PLACE OF DEATH

anne Grundel

2291

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Village or City	LL NAME Cyms Butty.	Trogration St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSO	DNAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male.	COLOR OR RACE School, Single, MARRIEO, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Wasch 3, 191 (Month) (Day (Year)
6 DATE OF BIRT		that I last aaw h my allve on march 3, 1914
⁷ AGE) J yrs mos ds. If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 12.00 m The CAUSE OF DEATH* was as follows: Chrytine : Luterstiting hephretis
(a) Trade, profession particular kind of we (b) General nature business, or estab which employed (or state or cou	of Industry, lishment In employer)	Contributory hermic Cima
10 NAME O FATHER	hulmm	(Signed) Obert Maker of S. M. D
Table 1 State of FAT (State of State of Maiden of Motors)	her country) Inherry,	*State the DISEASE CAUSING DEATH, OR, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTIAL CRUSTER OF THE PROPERTY OF THE PRO
13 BIRTHPL	THER hubum	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of the property of death yrs mos ds.
	S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence. Washington County, Ind.
(Address).	Risards	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Application 191

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 1. 202

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart fallure," "IIaemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mallg-Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) Measles (disease eausing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State eause for Never report For vio-



BINDING FOR RESERVED MARGIN

UNFADING INK-THIS IS PLAINLY, WITH

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PHYSICIANS should state of OCCUPATION IS very RECORD properly classified. Exact statement PERMANENT should be stated EXACTLY. 4 AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. Every Item of Information should be CAUSE OF DEATH in plain terms, so WRITE Important.

1 PLACE OF DEATH

(No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	[If death occurred a hospital or Instituti

give its NAME instead

FULL NAME (Laymond	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
hale Colored Single, MARRIEO, WIDOWEO, ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	(Month) (Day (Year)
© DATE OF BIRTH Oclote 28, 19/3. (Month) (Day (Year)	that I last naw how alive on hanh 5 ,1914
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 400 mm. The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. / ds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	Contributory Secondary (Buratlen) yrs mos ds (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transients on Recent Residents) At place in the
(Address) 15 Filed March 16, 1914 L. H. 2 Hallah Registran	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS OUNDERTAKER ADDRESS Severy M. A.
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Ealto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is necness of various purguits can be known. The question cated thus: been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civit engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. ness. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (7)

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal causing death (the primary affection with respect to ("Pneumonia." "Cronp";) brospinal meningitis"); Diphtheria (avoid use of time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronchopneumonia nnqualified. is indefinite): Tubereuferer (never report "Typhoid Carcin-

> nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Conventions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. canse of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State canse for Never report



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SICIANS should OCCUPATION IS PHYSICIANS RECORD 0 statement PERMANENT classified. 4 IS D THIS properly INK supplied. pe UNFADING may certificate. = that 80 ō WITH back terms, piain See instructions ormation 2 DEATH WRITE OF Every Item CAUSE OF Important.

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state Very

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No It death occurred in a hospital or Institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PARTICULARS PERSONAL AND STATISTICAL 18 DATE OF DEATH 3 SEX S SINGLE. MARRIED. WIDOWED, (Month) (Day OR OLVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from 00 (Day (Year) (Month) TAGE If LESS than and that death occurred on the date stated above, at 1 day,.....hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place in the OF MOTHER (State or country)

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١	If not at place of death?	***************	0+00000-0-0-0-0		» « Ойма ово прирада <u>о ооо</u> г	
l	usual residence	***********	*****************	************	**************	
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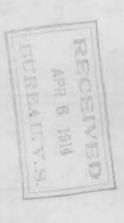
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of, the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

pneumonia"); ("Pneumonia." "Croup";) fever (the only definite synonym is term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningitis"); Diphtheria Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubereu-"Epidemic cere-(avoid use

> ture of the American Medical Association. cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritouitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Meusles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustlon," cause for For VIO



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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTL' CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem Important. See instructions on back of certificate.
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V. S. No. 1.		Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate.
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ounty Q Q	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
	Cast St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale, White Single, Widow ord)	18 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH Lyt O , 1839 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from March 1914, to March 13, 1914 that I last saw had alive on March 1, 1944
TAGE It LESS than t day,hrs. ORmln.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Chronic Nepherty and Valvular heart deseas (Durather hypersymos. ds.
(State or country) Mary Land	Guration) yrs nos ds.
on 11 BIRTHPLACE 10 NAME OF Thos Busiford	(Signed) Walton H Hoffins, M. D.
OF FATHER (State or country) Many Land	*State the Disease Causing Death, or, in ceaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME Mary Q Freeman, 13 BIRTHPLACE OF MOTHER (State or country) Mary Lund	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Frush Coutles	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Armapolis Ma	National Cent Date of Burial
Filed Mol 15, 1914 Mrs Wilch REGISTRAR	os S. Lay la Low (makel)
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persous essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumoula"); Lobar pneumonia; Bronchopneumonia ("Pneumoula," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaenant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viocause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, ctc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "As-Bronchopnenmonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," . "Exhaustion," Never report



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No fif death occurred to a hospital or lostitution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR BACE 18 DATE OF DEATH Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended decessed from (Month) (Day (Year) If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place to the OF MOTHER (State or country) State _____ yrs. ___ mos. _ ... yrs. Where was disease contracted. If not at place of death?. Former or usual residence. BURIAL OR REMOVAL OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At Kome. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL; OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For vio-



MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Anne Arundet (1)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2
Village or City Musehlin (No. 6) 2FULL NAME Elizabeth o	St.; Ward) [It deeth occurred to e hospital or institution give its NAME instead of street end number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tem. 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw here alive on Feb. 28 1914.
7 AGE It LESS then t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trede, profession, or particular kind of work (b) General neture of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER	(Buration) O yrs a mos 4 ds. Contributory (Secondary) (Buration) yrs mos ds. (Signed) September 1 September 1 M. D.
11 BIRTHPLACE OF FATHER (State or country) Muryland 12 MAIDEN NAME OF MOTHER Margaret Norman	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS THUE TO THE BEG OF MY KNOWLEDGE	At place to the of death yrs, mos, ds. State yrs, mos, ds Where was disease contrected, if not et place of death?
(Address) Phurehiru Md 16 Filed MM / 1914 Gent Registran	19 pace of Burial OR REMOVAL DATE OF BURIAL (Lonner Cimelery M.M. 2. 1914 20 UNIDERTAKER Slover Sudley
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., mine, etc. applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative lealthful-For many occupations a single word or term on the Statement of occupation-Precise-statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman, Farmer or Planter, For persons 9

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock." ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicehildbirth or miscarriage. as "Purrperal scotichaeetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatle), "Atrophy," ample: Measles (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... injury, as fracture of skull, and consequences (e. g., mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can-Examples:



S. No. 1.

PHYSICIANS should state of OCCUPATION Is very RECORD properly classifled. Exact statement PERMANENT stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. that It may be DEATH in plain terms, so that it m See instructions on back of certificate, N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s. important.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.20

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME Frances Centres	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Mach 5, 1914 (Year)
6 D	(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Parch One whork, to March 2, 1914, that I last saw here allow on March 2, 1914.
(1		and that death occurred on the date stated above, at 3 A. m. The CAUSE OF DEATH* was as follows:
(b) bu: wh) General nature of Industry, siness, or establishment in nich employed (or employer)	(Duration) yrs mos ds.
PARENTS	10 NAME OF FATHER Samuel Danders 11 BIRTHPLACE	Secondary (Doration) yrs mos ds. (Signed) Stan Callan Din , M. D. (March 7, 191 4 (Address) Dansh Ruig And
	OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Inknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	(Informant) Healer Smith	If not at place of death?————————————————————————————————————
16 FI	1ed March 9 1914 John Coldinson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Wash, Juin 8 20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Regist	Wm. Morres Onlook West River trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercatesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Branchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for death), 29 ds.; "Exhaustion," For vio-



OCCUPATION RECORD PERMANENT classifie INK UNFADING 0 50 plai EATH D o OF Every Itel CAUSE C

Instructions

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County... Registration Dist. No. If death occurred in a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Dav (Write the word) I HEREBY CERTIFY. That I attended deceased from march (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at \$ 36 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State yrs. yrs. mos. . ds. Where was disease contracted.

15 REGISTRAR OF BURIAL OR REMOVAL

ADDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If not at place of death?

Former or

usual residence

[Approved by U. S. Census and American Public Health Association.]

cated thus: "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at begluning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when uecded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uecfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," Farmer (retired (b) Cotton mill; (a) Salesman, 6 yrs.) For persous As examples: "Foreman," engineer.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," aant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report For vio-



BINDING RESERVED MARGIN

PHYSICIANS should state of OCCUPATION Is very properly classified. Exact statement PERMANENT EXACTLY. UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. PLAINLY, WITH of information

1 PLACE OF DEATH

CAUSE OF Important. S

STATE OF MARYLAND

CERTIFICATE	OF	DEATH
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Registration Dist. No. 26

Village or City Molot (No. 1), 1 2FULL NAME Chielia .	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale White Single, widowed, or Divorced (Write the word)	16 DATE OF DEATH (Month) (I) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year) 1 day,hrs. ORmin.?	that I last saw head alive on 1915, and that death occurred on the date stated above, st 5-30 Am The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 Mars Carrolle	(Ouration) / yrs. Z mos. > da Contributory Corra a Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Informant) (Address) M. C. C. Marce Jacob (Address) M. C. C.	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL March 9, 1914

REGISTRAR

If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. ζ<u>ά</u>

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement: applies to each and every person, irrespective of age. CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm luborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits cau be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is Indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canetc., when a definite disease can be ascertained as the cer" is less definite; avoid use of "Tumor" for mallyture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failurc," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anacmia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. The contributory "Old Age," "Shock," "Uraemia," "Weakness," totanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) Never report For vio-



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT 4 U supplied. ğ NFADING ESER 80 plai = of inform DEATH

802

STATE OF MARYLAND PLACE OF DEATH state June arude CERTIFICATE OF DEATH Registration Dist. No.... Ilt death occurred in .Ward) Village or City (No... a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, DELL WIDOWED, (Month) (Dav (Year) (Write the word) HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last naw h. Jea. allve on (Day (Year) (Month) 7 AGE It LESS than and that death occurred on the date stated above, at ... 1 day. hrs. The CAUSE OF DEATH * was as follows: mos.... OR nin. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in that it may certificate. (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration 10 NAME OF FATHER 0 terms. 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ds. State yrs. ____ mos. (State or country Where was disease contracted. 14 THE ABOVE IS It not at place of death?-Former or CAUSE OF Important. S (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retlred from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," -Coal (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of (name origiu; "Causchsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "luanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Mcdlcal Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Aiways qualify all diseases resulting from (Recommendations on statement of "PUERPERAL septichac-



RECORD ERMANENT EXACTLY. 4

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH -SICIANS should OCCUPATION IS Registered No. [If death occurred in .Ward) PHYSICIANS (No. a hospital or institution, give its NAME instead at street and aomber. I 00 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE SEX 1914 MARRIED. WIDOWED, Write the word) (Month) (Day) HEREBY CERTIFY, That I attended decessed from Exact 6 DATE OF BIRTH classified. (Month) if LESS than TAGE and that death occurred on the date stated above, st 1 dayhrs. The CAUSE OF DEATH* OR 7 properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral nature of industry, pe supplied business, or establishment in (Duratico) may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (Secondary) (State or country) (Opration) that 10 NAME OF (Signed) FATHER 00 11 BIRTHPLACE back terma, ARENT OF FATHER should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER See Instructiona 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information OR RECENT RESIDENTS) 13 BIRTHPLACE in the OF MOTHER of death _____ yrs. ____ mos. ___ _ ds. State yrs, ____ mos. of Inform DEATH (State or country Where was disease contracted. if not at place of death? Former or Item OF usual residence. mportant. Every Ite 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL .. 1914 15 UNDERTAKER ADDRESS Filed. L.k. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin/St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

·material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

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SICIANS shoul PHYSICIANS RECORD properly msy 0 6 plain = of Inford OF Every Item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in a hospital or institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIEO, WIDDWED, Widows (Month) (Day enpivonceo (Write the word) (Year) I HEREBY CERTIFY, That I attanded deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date atsted above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR ? 8 OCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE 7224 (8, 191 4 (Address) 6.52 PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTA. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) yrs. _ ds. State Where was disease contracted. MY KNOWLEDGE If not at place of death?. Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIA (Address)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

WINDERTABER

[Approved by U. S. Consus and American Public Health Association.]

eated thus: Farmor (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use term for the same disease. Examples: Cerebrospinal causing death (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., fever (the only definite synonym is "Epidemie ceretime and eausation), using always the same accepted ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, fever (never is indefinite): Tubercureport "Typhoid Carcin-

> mia," "Puerperal peritonitis," etc. State eause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... injury, as fracture of skull, and eonsequences (e. g., Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehaeete., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Huemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which sprgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head (name origin; "Can-"Exhaustion," Never report



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County anne arundel Registration Dist. No. 2/ Village or City 3 ed destrict [It death occurred in ..St.;....Ward) a hospital or institution. give its NAME instead FULL NAME Charles Fowler of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE ORDIVORCED
(Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. Cetaut 45 yrs. The CAUSE OF DEATH * was as follows: OR ? Dominence occiden 8 OCCUPATION nouniting (Laken march 9-1914 Bos (a) Trade, protession, or mud, n march 8-1914 (b) General nature of Industry, which employed (or employer) Machine, (Duration)vrs. Contributory no Confushing cone (Secondary) 9 BIRTHPLACE (State or country) FATHER 1914 (Address) Huston a a Che R76 11 BIRTHPLACE RENTS *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME K OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted. It not at place of death? M. S. Dunlap Former or DATE OF BURIA 16 20 UNDERTAKER

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING NEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry; and therefore au who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question been changed or given up on account of the nisease essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salcsman, If the occupation has For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Mcastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ -Hart fallure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for malig The contributory Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," __ (name origin; "Can death), 29 ds.: State cause for Examples: 10



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state PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. Exact stated classified. pe pino properly AGE INK supplied. UNFADING certificate. carefully that It 90 0 pe back terms, should UO plain Instructions Information 2 of Inform See OF Item Important. CAUSE

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred is Ward) a hospital or institution. give its NAME lostead of streef and nomber. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 15 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, Muse (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended decased from 6 DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than and that dasth occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 ds. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE 191 (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death _ State ____ _____ yrs. ____ mos. _ Where was disease contracted. 14 THE ABOVE IS TRUE If not af place of death? Former or usual residence

> 20 UNDERTAKER ADDRESS

DATE OF BURIAL

PLACE OF BURIAL OR REMOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Pueereral peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstilial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train—acci-The contributory "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or Intercurrent) Never report



BINDING FOR RESERVED MARGIN

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PHYSICIANS should state of OCCUPATION is very RECORD AGE should be stated EXACTLY. properly classified. Exact statement of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. -Every item of information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH County...

2305

STATE OF MARYLAND CERTIFICATE OF DEATH

	(+ ())	Registration Dist. No. 20
1/:4:	South grants	Fit death occurred in
VIII	age or City Who, William,	St.; Ward) a hospital or lostitution,
	Y+	give its NAME instead of street and number.
	FULL NAME / MMMM (1	f Zan Ruh
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH March 15
m	cale of hile operationed (Write the word)	(Month) (Day (Year)
		17 I HEREBY CERTIFY, That I attended deceased from
o DA	TE OF BIRTH	Der 12 , 1918, to March 13 , 1914.
	, 18.3.3.	that I last saw ham alive on March 13 1914
7 A G	(Month) (Day (Year)	that I last saw ham alive on ell wron , 191
, AG	II ELOV III III	and that death occurred on the date stated above, at
	1 day,hrs.	The CAUSE OF DEATH * was as follows:
800	CCUPATION	Chnone Branchster
(a)	Trade, profession, or	
	General nature of industry,	
busi	ness, or establishment in	(Duration) yrs mos ds
	th employed (or employer)	18. 1
BI	RTHPLACE (State or country)	Secondary Densel Demonde a
	MANC.	(Doration) yrs mos ds
	10 NAME OF FATHER PA	(Signed) Jahn Collinson NO
	- nom a Prankle	M (131 41).
ARENTS	11 BIRTHPLACE OF FATHER	March 13, 191 Cf (Address) Doub Rund Ill
F	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
AR	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
0.	wnanown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER	Af place in the
	OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not af place of death?
(informant) Thomas a Franklin	Former or
,	man 1 - 1 - 10 9	usual residence
	(Address) Allamangun, ol le	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	N 1 . 2 0 0 0 11 2	XX Money Jan 5, 191
File	o Mach 15 191 4 gohn Collinson.	20 UNDERTAKER ADDRESS
	Dul. REGISTRAR	Hurdesh & Hunt Hay
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. v.

[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indlespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (0)

icsis of lungs, ("Pneumonia," pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal CAUSING DEATH (the primary affection with respect to "Croup";) brospinal meningitis"); Diphthcria time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE (the only definite synonym is Typhoid meninges, peritonaeum, etc., unqualified, is indefinite): Tubercufever (never report "Typhold "Epidemic cere-(avoid use

> mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Mcasles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred to Ward) a hospital or institution. give its NAME instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. many business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State _____ yrs._ ____ yrs. ___ mos. __ Where was disease confracted. If not at place of death? Former or osual residence BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting W. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maliggenital," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion, Never report 15 X-20



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

1 PLACE OF DEATH 2307	STATE OF MARYLAND
Gounty . G. G.	CERTIFICATE OF DEATH Registration Dist. No. 2/
VIII age or City Annapolis (No. Flor Full NAME William H.	St.; E Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word)	16 DATE OF DEATH March 22 1, 1914 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Fear)	that I last saw by alive on hand 22 191/3
7 AGE 1 If LESS than 1 dayhrs. 0 R min.?	and that death occurred on the date stated above, at pm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work for turnous of Masons. (b) General nature of Industry, business, or establishment in the profession of th	Jnemow John Vrs. mos ds.
9 BIRTHPLACE (State or country) Mass.	Contributory Secondary (Duration) / yrs / mos ds
OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 21 1 1	(Signed) S. S. S. J. M. D. M.
11 BIRTHPLACE OF FATHER (State or country) 2 Mass 12 MAIDEN NAME OF MOTHER Sarah Sarlon	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Af place In the of death yrs mos ds. Sfate yrs mos, ds Where was disease confracted,
(Informant) to C. Simile	If not at place of death? Former or usual residence
15 Filed Mal 25, 1914 Ingwelch	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN 25, 181.
REGISTRAR If more blanks are needed, address State Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: should be taken to report specifically the occupations who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that faet may be iudivery important, so that the relative healthfulworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foremau," engineer.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nuqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cunture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a defiuite disease can be ascertained as the affection need not be stated unless important. by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of The nature of the "Exhaustion," Never report



MARGIN RESERVED FOR BINDING

No.

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RECORD PERMANENT properly supplied. UNFADING 90 back pino Instructions piai = DEATH 50 Item OF Important. Every Ite

STATE OF MARYLAND CERTIFICATE OF DEATH anne aruno Registration Dist. No. ilf death occurred to Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. -(Month) (Dav ORDIVORCED (Write the word) (Year) DATE OF BIRTH 849 (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: .. min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) Where was disease contracted If not at place of death? usual residence BURIAL OR REMOVAL OF BURIAL (Address)..... 16 20 UNDE Filed. REGISTRAR If more blanks are needed, address State Registran, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Meastes; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Iuanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic). "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of Never report For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

2309 1 PLACE OF DEATH

STATE OF MARYLAND

County Change Counted	CERTIFICATE OF DEATH
Curtis Creek	Registration Dist, No. 24
VIIIage or City Curtic Bay (No	St.; Ward) [If death occurred la a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, Make white Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I strended deceased from
7 AGE Sarry 28	that I last saw harm alive on The 28 th, 191 th and that death occurred on the date stated above, at 9 50 a.m. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 7 ds.
BIRTHPLACE (State or country) and armel	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) Baltimine Co. 12 MAIDEN NAME OF MOTHER OF MOTHER (STATE OF MOTHER)	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death?
(lotorwant) (Address) Curtis Cruts Curtis 13	Former or Usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed March 1 191 4 Tho, Ba Norton mo	20 UNDERTAKER ADDRESS ADDRESS Q. Flow Mi bully. 3 9 6. Frost one

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. should be taken to report specifically the occupations cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie scrvice for wages, as gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second been changed or given up on account of the misease "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of Never report



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STATE OF MARYLAND 1 PLACE OF DEATH 2310 CERTIFICATE OF DEATH U) SICIANS should OCCUPATION IS Registration Dist. No. PHYSICIANS Ilf death occorred in RECORD a hospital or Institution. give its NAME Instead of street and number. 1 Harri PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, modor WIDOWED. (Write the word) (Month) I HERESE CERTIFY. That I attended deceased from DATE OF BIRTH classified. 4 pe (Month (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at THIS 1 dayhrs. OR ? properly BOCCUPATION (a) Trade, protession, or Lolour particular kind of work... pe (b) General nature of Industry. UNFADING business, or establishment in may which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Secondary that 10 NAME OF FATHER (Signed) 80 0 be back terms. 11 BIRTHPLACE (Address) PARENT pinoy OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDETAL, SUICIDAL, OF HOMICIDAL. 60 12 MAIDEN NAME plain instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. DEATH State _____ yrs. ___ _ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? 0 Former or OF Every Item CAUSE OF Important. usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know, (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (6)

("Pneumonia," unqualified, is indefinite): Tubercuicsis of lungs, meninges, peritonaeum, etc., Carcin pneumonia"); "Croup";) faver (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted causing heath (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE for the same disease. meningitis"); Typhoid Lobar pneumonia; Bronchopneumonia fover (never report "Typhold Diphtheria Examples: Cerebrospinal (avoid use of

> nant neoplasms); Measles; Whooping cough; Chronie valvular heart discase; Chronie interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemin," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train_accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Hamition," "Maras-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) "Senile," may be stated under the head (Recommendations on statement of etc.), "Dropsy," "Exhaustion," etc. State cause for



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, (Month) (Day (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country

of death _____ yrs. ____ mes. ___ ds. State

Where was disease contracted, if not at place of death?

Former or usuai residence

19 PLACE	OF	BURIAL	OR	REMOV	AL
D		2	. 0	h	_

DATE OF BURIAL ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are eugaged in the Farmer (retired 6 yrs.) For persons If the occupation has As examples: But in many

Icsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); "Croup";) brospinal time and causation), using always the same accepted CAUSING NEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercuterm for the same disease. fover (the only definite synouym is "Epidemic cere-Statement of cause of death-Name, first, the nisease meuingitis"); Diphtheria Typhoid fever (never report "Typhoid Lobar pncumonia; Bronchopneumonia Examples: Cerebrospinal (avoid use of

> affection need uot be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditious, such as "Asample: Measles (disease causing death), 29 ds., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



S. No. 1.

N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD CAUSE OF DEATH in plain terms, so that it may be

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 90

St .: Ward)

- [If death occurred in a hospital or lostitution, give its NAME Inslead of street and number.]

*FULL NAME Richard Henson

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored 5 SINGLE, MARRIED, Sungle ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That 1 attended deceased from
G DATE OF BIRTH Silly (Month) (Day (Year)	that I last any home allve on March 10, 1914,
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 7m. The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, protession, or particular kind of work	Econ a fallowed by
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manual and	Gontributory Gran M. Pressmand
10 NAME OF FATHER Walliam Henson 11 BIRTHPLACE OF FATHER (State or country) Manyland 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Manusland 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Andrew Milson	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the ot death yrs, mos ds. State yrs, mos ds Where was disease contracted, it not at place of death?
(Address) South Rives Md:	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Hohe Chahel Mach /2 191 V
Filed March 14. 1914 John Gollinson Bull REGISTRAR	20 UNDERTAKER ADDRESS William Hullur Down Rivis
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the bisease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," engineer, The (6)

icsis of lungs, ("Pneumonia," pneumonia"); brospinal meningitis"); term for the same disease. Examples: Cerebrospinal tlme and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemic cerc-'Croup";) Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, unqualified, is indefinite): Tubercufever (never report "Typhold Diphtheria (avoid use etc., Carcin-

> nant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," ctc.), "Dropsy," (Recommendations on statement of "Exhaustion,



BINDING ESERVE MARGIN

PHYSICIANS should state OCCUPATION IS RECORD 0 statement PERMANENT EXACTLY. Exact classified. 4 pe S pinode properly AGI INK supplied. pe UNFADING тау certificate. that 80 of WITH back terms. pinous uo PLAINLY DEATH in plain Instructions Information WRITE 10 ō mportant. Every Ite 8

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No fit death occurred to .Ward) a hospital or institution. give its NAME lostead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX MARRIED, married WIDOWED. (Month) (Day) (Year) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR mio. ? BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country _____ yrs. mos, ds. State Where was disease contracted. TO THE OF it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulapplies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (a) the kind of work and also (b) return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEEPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can-State cause for "Exhaustion," Examples:



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6 DATE OF BIRTH

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(a) Trade, profession, or

particular kind of work. (b) General nature of Industry,

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

OF MOTHER

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

businesa, or establishment la

,	STATE OF MARYLAND
	CERTIFICATE OF DEATH
	Registered No 26

.Ward)

PERSONAL AND STATISTICAL PARTICULARS

which employed (or employer) -----

PLACE OF DEATH

[if death occurred in a hospital or institution, give its NAME lostead

NAME Colara Holla	et street and bumber.
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Jan 25 , 19/4 (Month) (Day) (Year)	that I last saw has alive on Mar 15, 1914.
0 yrs. / mos. 2 / ds. OR min. ?	and that death occurred on the date stated above, at 12.30 Hzm. The GAUSE OF DEATH* was as follows:
or one	Bronchilis
industry, hmeat la ndiover)	(Buratieo) yrs. mes. d. ds.
Males Holland	(Secondary) (Secondary) (Deration) yrs. mos. ds. (Signed) Mus. 16, 1914 (Address) Chusellon, M. D.
IAME Q DO D	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
ce Cha Brown CHE OMA CHE CHAPTER CHA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted,
Chus Collupul	If not at place of death? Former or usual residence.
Elmehton, Mil	19 PLACE OF BURIAL OR REMOVAL Translin leveling 20 UNDERTAKER ADDRESS ADDRESS
6. 1914 Test Dent MD. Sep Local REGISTRAR	1.2. Blover Sudely Mel
if more planks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

ness. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons 0

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc. Carcin-

Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For VIO-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Corne annole Registered No. If death occurred in a hospital or institution. give its NAME Instead of street and number. 1 Rizin Hullowel. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, Warned WIDOWED. (Write the word) I HEREBY CERTIFY, That I attended deceased from Kesemper 10,1913 to march 6 DATE OF BIRTH that I last saw hum alive on Mench (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR 7 - Circlestinal Obstructing -BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory. BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. If not at place of death? Hazzler Farmer or usual residence. 19 PLACE OF BURIAL OR REMOVAL 1 Sacraels DATE OF BURIAL march 30, 191 4 Historital ameters 16 20 UNDERTAKER Flied. REGISTRAR if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wnges, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foremnn," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter,

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis' of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, ns fracture of skull, and consequences (e. g., by carbolic ucid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharcause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Collnpse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing denth), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for mails: oma. Sarcoma. etc., of ... sepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. pant neoplasms); Measles; Whooping cough; Chronic The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



PHYSICIANS should state of OCCUPATION is very

Exact statement

may be properly classified.

DEATH In plain

CAUSE OF Important.

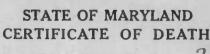
AGE

RECORD

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1 PLACE OF DEATH

County Arme armoel
West annapoles



Registration Dist, No.

Ward)

[If death occurred in a hospital or institution,

	2FULL NAME Lewis Ho	phone of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
m	ale Acoloror RACE Single, MARRIED UNKnown WIDDWED, DRDIVORCED (Write the word)	16 DATE OF DEATH March 30 d , 1914 (Year)
6 D	ATE OF BIRTH / Mulenonen	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that last saw h alive on , 191
a	hout 65- 1 dayhrs.	The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	yrs. mos. ds. OR min.? CCUPATION) Trade, profession, or ricular kind of work. General nature of industry, einess, or establishment in ich employed (or employer)	Exposure burniers) yrs. mos. ds.
	(State or country) MenUnrum	Completion of Control
ARENTS	10 NAME OF FATHER MANKNOW 11 BIRTHPLACE OF FATHER (State or country) MMROVEN 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes. state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
<u>a</u>	13 BIRTHPLACE OF MOTHER (State or country) MMCnown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds
	(Informant)	Where was disease contracted, if not at place of death? Former or usual residence
16 Fil	ed March 31, 1914 Amg Welch REGISTRAR	Bremer Holl mik 31,1914 20 UNDERTAKER of & Chapping 118 low bedraf

V. S. No. 1.

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b)been changed or given up on account of the disease Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," write None. As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumopia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarrlage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) Measles Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; The nature of the "Exhaustion," Never report For VIO-



MARGIN RESERVED FOR BINDING

RECORD MAN in properly Z ADING may 80 00 D 工 EAT See Item 10 Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Crue Grundel Registered No. Village or City Cownsvilly (No. Plats If death occurred in St: Ward) a hospital or Institution, give its NAME instead of street and number. 1 leach TRimas Hington MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE march MARRIED. WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH march 30,1914: 201. 191 2 to march 30 (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, at 1, 309. m. 1 day hrs. The CAUSE OF DEATH * was as follows: ulmmany Columa -8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in yrs. Toos. which employed (or employer) -----Contributory, BIRTHPLACE (Secondary) (State or country) Maryling 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER mos. (State or country) State Where was disease contracted. 14 THE ABOVE IS TRUE TO THE lever of death (Informant) usual residence DATE OF BURIAL march 3/ 191

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. causing neart, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the bousehold only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciriatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative bealthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the Disease Causing death—Name, first, the Disease Causing death—Name, first, the Disease Causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc... Carcin-

childbirth or miscarriage, as ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Tuenperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the genital," "Seniie." etc.), "Dropsy," "Exhaustion," "Ileart failure," "Haemorrhage," "Inanition," "Marasthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms) : Mcasles; Whooping cough: Chronio oma. Sarcoma. etc., of cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart discase; Ohronic interstitial nephritis is less definite; avoid use of "Tumor" for mailg-The contributory "Old Age," "Shock," "Uraemia," "Weakness," "Senile." etc.), (Recommendations on statement of (secondary or intercurrent) "PUEEPERAL scptichac-(name origin; "Can-01



V. S. No. 98

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1PLACE OF DEATH 2318	Bepartment of Commerce and Tabor
County Myse Mysall	STANDARD CERTIFICATE OF DEATH
Township Drooklyn	State of Manyland > (-
Village	Registered No.
City	St.; Ward)
2 FULL NAME Still - horn	St.; Ward) give Its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH MANCH 120, 1914 (Month) (Day), (Year)
6DATE OF BIRTH (Month) (Day) (Year)	March 2 4, 1914, to MANOL 10 1914,
7 AGE If LESS than	that I last saw h alive on, 191,
yrs, mos, as, or min.?	and that death occurred, on the date stated above, at
8 OCCUPATION (a) Trade, profession, or	The CAUSE OF DEATH * was as follows:
particular kind of work	A-M // O
business, or establishment in which employed (or employer)	All - from Paly
State or country) Brothy Rule. Md.	(Duration) yrs. mos. ds.
10 NAME OF CLIPTON Prowred	Contributory (Secondary) (Duration) A yrs, 7 mos. ds.
0) 11 BIRTHPLACE OF FATHER (State or country)	(Signed) Carry Miller M. D.
OF FATHER (State or country) UC . Co. 12 MAIDEN NAME OF MOTHER OWN SEY OU WALLA PLACE	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) MA OR OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos, ds. Stato yrs, mos, ds. Where was disease contracted,
(Informant) / Livery Tylen	if not at place of death ?
(Address) B2 forces / /d/	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Termore Trond Mch 13,1914
Filed Mch 1.7, 1914 Than Proof	20 UNDERTAKER ADDRESS
15 0204	- for tooks

[Approved by U. S. Census and American Public Health Association]

examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The maand therefore an additional line is provided for the latter sufficient, e. g., Farmer or Planter, Physician, Composhave no occupation whatever, write None. cated thus: Farmer (retired, 6 yrs.). of illness. If retired from business, that fact may be indioccupation has been changed or given up on account of service for wages, as Servant, Cook, Housemaid, etc. If the cifically the occupations of persons engaged in domestic school or At home. Care should be taken to report speor At home, and children, not gainfully employed, as At definite salary), may be entered as Housewife, Housework, terial worked on may form part of the second statement.
Never return. "Laborer," "Foreman," "Manager," statement; it should be used only when needed. work and also (b) the nature of the business or industry, employments, it is necessary to know (a) the kind of itor, Architect, Locomotive engineer, Civil engineer, Stationary occupations a single word or term on the first line will be each and every person, irrespective of age. various pursuits can be known. The question applies to is very important, so that the relative healthfulness of the disease causing death, state occupation at beginning household only (not paid Housekeepers who receive a Women at home, who are engaged in the dutics of the "Dealer," etc., without more precise specification, as Statement of occupation. - Precise statement of occupation laborer, Farm laborer, Laborer-Coal mine, But in many cases, especially in industrial For persons who

cer" is less definite; avoid use of "Tumor" for malignant gitis"); Diphtheria (avoid use of "Croup"); Typhoid fever definite synonym is "Epidemic ccrebrospinal and causation), using always the same accepted term for tions, such as "Asthenia," "Anaemia" (merely symptomcinoma, Sarcoma, etc., of nite); Tuberculosis of lungs, meninges, perilonaeum, etc., Curthe same disease. tributory (secondary or intercurrent) affection need not heart disease; Chronic interstitial nephrilis, etc. The conneoplasms); Measles; Whooping cough; Chronic valvular Bronchopneumonia ("Pneumonia," unqualified, is indefi-(never report "Typhoid pneumonia"); Lobar pneumonia, be stated unless important. Statement of cause of death .- Name, first, the DISEASE CAUS-DEATH (the primary affection with respect to time Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), Examples: Cerebrospinal fever (the only Example: Measles (disease (name origin; "Can-

> nature of the injury, as fracture of skull, and consequences Struck by railway train-accident; Revolver wound of head-SUICIDAL, or HOMICIDAL, or as probably such, if impossible chaemia," "PUERPERAL peritonitis," etc. ing from childbirth or miscarriage, as "PUERPERAL septitained as the cause. Always qualify all diseases resulttion," "Marasmus," "Old age," "Shock," "Uraemia," of the American Medical Association.) cause of death approved by Committee on Nomenclature "Contributory." (Recommendations on statement of homicide; Poisoned by carbolic acid-probably suicide. to determine definitely. Examples: Accidental drowning; DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, which surgical operation was undertaken. For VIOLENT "Weakness," etc., when a definite disease can be ascer-"Exhaustion," "Heart failure," "Haemorrhage," "Inani-"Debility" ("Congenital," "Senile," etc.), "Dropsy," atic), "Atrophy," "Collapse," "Coma," "Convulsions," (c. g., sepsis, tetanus) may be stated under the head of State cause for

Nore.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be refurned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemornhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pysemia, septichaemia, tetunus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11-3184



BINDING FOR RESERVED MARQIN

No. 02

8

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should is PHYSICIANS shoul RECORD statement PERMANENT EXACTLY. properly classified. be pinous UNFADING INK-THIS AGE carefully supplied. pe may of certificate. that It PLAINLY, WITH pe See instructions on back terms. pinous plain of information DEATH in pial CAUSE OF Important.

state Very

2319 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Write the word) (Month) (Day TAGE (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(Address)

15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

...Ward)

[If denth occurred in a hospital or Institution, give its NAME instead

ien	or street and number.
MEDICA	L CERTIFICATE OF DEATH
16 DATE OF DEATH	march 8th, 1914 (Month) (Day (Year)
	SY CERTIFY, That I strended deceased from
that I last saw h 4	n. 1 ~ 20
and that death occurred The CAUSE OF DEATH	on the date stated shove, at
Farynges	l Tubriculosis
	unknown
Contributory Secondary	(Duration) yrs mos ds.
(Signed) The a	(Buration) # yrs # mos 5 ds.
march 9 10, 1814	A STATE OF THE PARTY OF THE PAR
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, or HOM	CAUSING DEATH, of in death from Violent EANS OF INJURY; and (2) whether Acciden-
OR RECENT RESIDENTS. At place of death yrs. me Where was disease contracted if not at place of death?	In the state yrs, mos ds
Former or usual residence	
Leder He	I ameter March 10 1914
Seo. L. D. C.	hugh Bottom &

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Year)

If LESS than

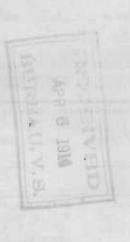
t day hrs. OR min. ?

[Approved by U. S. Census and American Public Health Association.]

of persous engaged in domestic service for wages, as should be taken to report specifically the occupatious fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," engineer,

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) fever (the only definite synonym is "Epidemie cereterm for the same disease. time and causation), using always the same accepted causing neath (the primary affection with respect to Statement of cause of death-Name, first, the nisease meningitis"); Typhoid fever (never report "Typhoid pneumonia; Bronchopneumonia Diphtheria Examples: Cerebrospinal (avoid use of

> injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asuant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a defiuite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for mallg The contributory Always qualify all diseases resulting from Measles (disease causing "Seuile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhaustion,"



S. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 15 UNFADING INK-THIS WRITE PLAINLY, WITH

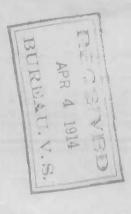
2321	
PLACE OF DEATH	STATE OF MARYLAND
On Churches	CERTIFICATE OF DEATH
County	Registration Dist. No. 22
Village or City Frank (No.).	St.; Ward) [If death occurred is a hospital or institution give its NAME Instead of street and number.]
TOLL NAMEA	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLON OR RACE 5 SINGLE, MARRIED, WIDDWED, WIDDWED, WIDDWED, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Jay 1 st, 191 4 to Ruey 1st 191 30
(Month) (Day) (Year)	that I last saw h travallye on Dich 1917
7 AGE If LESS than	and that death occurred on the date stated above, at 20 m
yrs. mas. ds. ormin.?	The CAUSE OF DEATH * was as follows:
GOCCUPATION (a) Trade, profession, or particular kind of work	Jubereulor
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duretion) yrs. 6 mos. ds
9 BIRTHPLACE (State or country)	(Secondary) (Secondary) (Ouration) (Ouration) (Duration)
10 NAME OF FATHER	(Figure)) To A land for the land
o II BIDTHPLACE	Ruel 1 191 4 (Address) Daniel 42
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
M 12 MAIDEN NAME OF MOTHER	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
13 BIRTHPLACE OF MOTHER (State or country)	Af place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease confracted, If not at place of death? Former or usual residence
(Address)	Churry Hill had Home of M. M. Church 3 hot 1914
Filed March 34191 4 L H & It aship	20 UNDERTAKER ADDRESS
Lucal REGISTRAR	Lessups mg
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1/

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING BEATH, state occupation at beginning of lilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

Statement of cause of death-Name, first, the disease causing death-Name, first, the disease causing death-Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is iddefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Turreral scptichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mails Accidental drowning; Struck by railway train—acci-The contributory "Old Age," "Shock," "Senile." etc.), "Dropsy," "Exhaustion," (Recommendatious on statement of may be stated under the head (secondary or intercurrent) "Taemia," "Weakness," (name origin; "Can-Examples:



N. B.—Every item of information chould be carefully cupplied. AGE chould be stated EXACTLY. PHYSICIANS chould ctate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement-of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. 8. No. 1.

2321	
1 PLACE OF DEATH	STATE OF MARYLAND
1. Anna Dan II	CERTIFICATE OF DEATH
County And Mans	Registered No. 22
Village of City Jumps (No.	St.; Ward) [It death occurred in a hospital or inatitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	4/14 4 ch 20164, 1914, to 14 4 664 2 66, 1914. that I last saw h & allve on 14 4 66 2 66, 1914
7 AGE (Month) (Day) (Teat) 1 tas; that 1 day,hr 2 yra	and that death occurred on the date stated above, at
(a) Trade, prefession, or particular kind of work. (b) Seneral nature of industry, business, or establishment in which employed (or employer)	(Buration) OKC MASS MOS Da.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary) (Beration)yrsmos
10 NAME OF FATHER C. solvinusky	(Signed) S. Joseph St. In meast M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Donot Know 13 BIRTHPLACE OF MOTHER (State or country) Russia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informent) Victor Is Justice	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) 648 W. german of Filed March 20, 1914 L J. Hashipa BEGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Holy Redelmen March 2. 191 20 UNDERTAKER ADDRESS John & C. L. Soo S. Page 91
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease, already the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUTEPTERAL septichaedent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neopiasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for Examples For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914
BURLLAU, V.S.

S. No. 1.

N.B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

RECORD

PLACE OF DEATH

STATE OF MADVI AND

Village or City East Port (No. 564) 2 FULL NAME Kate Johnson	CERTIFICATE OF DEATH Castern, Core- St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JEMALE Color OR RACE SINGLE, MARRIED, WHOWED, WHOWED, WHO WITH CITY (Write the word)	16 DATE OF DEATH Mun, 25 , 1914 (Month) (Day (Year)) 17 I HEREBY GERTIFY. That I attended deceased from
TAGE (Month) (Day (Year)	that I last saw h 12 alive on 11 12 2 3 191 4, and that death occurred on the date stated above, at 3 2 m. The GAUSE OF DEATH * was as follows: 13 2 10 10 10 10 10 10 10 10 10 10 10 10 10
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Comparison of the country of th	Contributory Secondary
10 NAME OF FATHER MENOUN 11 BIRTHPLACE OF FATHER (State or country) MENOUN 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or osoal residence.
(Address) 564 Eastern Cive.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKED

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Millings

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; been changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner; (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal mehingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sopsis, tetanus) may be stated under the head by earbolic acid-probably suicidc. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



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UPATION

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... if death occurred in St: Ward) a hospital or institution. give its NAME instead of street and number.] Mary Cathering MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 4 COLOR OR RACE March (Month) OR OLVORCEO I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH atout (Day) (Year) (Month) 7 AGE it LESS than and that death occurred on the date stated above, at..... 1 dayhrs. about 51 The CAUSE OF DEATH* was as follows: OR min. ? Julinonary Hemorrhag BOCCUPATION (a) Trade, protession, or Wasking particular kind of work. (b) General nature of industry. business, or establishment in Contributory after stay of doctor in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF David Trons ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place State yrs, ____ mos, ds yrs. mos. ds. Where was disease contracted. it not at place of death? Former or 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more bianks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Monothy Colored Church

20 UNDERTAKER

Harry Voder

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Deeumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," "Old Age," "Shock." "Traemia," "Weakness," cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATES State MEANS OF INJUAY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrental septichae etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma. Sarcoma. etc., of .. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned -Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from Meastes (disease causing "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 State cause for Examples: 30



V. S. No. 1.

N. B.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT may be properly classified. should UNFADING INK-THIS AGE supplied. PLAINLY, WITH of information si DEATH in plain Every item of CAUSE OF I PLACE OF DEATH 2

2324

28

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist No. 2

Vill	lage or City War apolity 98. 2 FULL NAME Rachel Jo.	Calcal St.; 3 Ward) [It death occorred in a hospital or institution, give its NAME instaad of straet and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	emole Color or race 6 single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH WORLD 10 3, 191.
S D	(Month) (Day (Year)	that I last saw h. La. alive on
7 A	11 ELOV HAN	and that death occurred on the date stated above, atm
	yrs	The CAUSE OF DEATH* was as soliows:
(b) bus whi	Orade, protassion, or ricular kind of work. General nature of industry, liness, or astablishmen1 in che employed (or amployer) IRTHPLACE (State or country)	Contributory Of Kaustian Secondary
ENTS	10 NAME OF FATHER COUNTRY) Com and heek med 11 BIRTHPLACE OF FATHER (State or country) Com and heek med	(Signed)
PARE	12 MAIDEN NAME OF MOTHER WILLIAM	CAUSES, STATE (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPASSES, STATE (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOSPITALS, INSTITUTIONS, TRANSPASSES, STATE (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOSPITALS, INSTITUTIONS, TRANSPASSES, STATE (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF HOSPITALS, INSTITUTIONS, TRANSPASSES, STATE (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF HOSPITALS, INSTITUTIONS, TRANSPASSES, STATE (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, SUICIDAL, S
	13 BIRTHPLACE OF MOTHER (State or country) Unknown.	At placa in the ot death yrs mos ds. Stata yrs mos ds
	(Informant) Sam Jaluan Shi	Whare was disease contracted, It not at place of death? Formar or usual rasidence.
15 Fil	ad Meh 12, 1914 Imswelch REGISTRAR	Brewer Fill Eurete March 1914. 20 UNDERTAKER Som. Allers 22 Jan 16
	REGISTRAR	361 111151

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the inns," "Old Age," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: Mcasles affection need not be stated unless important. injnry, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-"Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association. eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF TOTALICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds., State cause for "Exhaustion,"



MARGIN RESERVED FOR BINDING

CCUPATION IS PHYSICIANS RECORD PERMANENT be UNFADING certifica 0 back piai Instruction DEAT OF Important. CAUSE

state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.... Ilf death occurred inWard) a hospital or institution. give Its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. WIDOWED, > (Write the word) Wich HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE 5, 191.4. (Address) OFFATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. __ mos. ds. State vrs. _ Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UND REGISTRAR

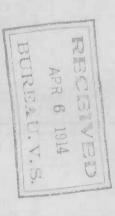
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer. first live will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

pneumonia"); ("Pneumonia," "Croup";) brospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fevor (the only definite synonym ls "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, for the same disease. meningitis"); Diphtheria Typhoid fover (never report "Typhoid Lobar pncumonia; Bronchopneumonia meninges, peritonaeum, etc., Carcinunqualified, is indefinite): Tubcrcu-Examples: Cerebrospinal (avoid use

> mia," "PUERPERAL peritonitis," nant peoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railreay train-acci is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head of (disease causing etc. State death), 29 ds.; "Exhaustiou," cause for For vio



PERMANENT IS INK-THIS UNFADING WITH PLAINLY.

RECORD

e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very certificate. See instructions on back of N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s

Important.

No. 1. v2

1 PLACE OF DEATH

2326



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Village or City Annapolis

County Anne Arundel

(No. Emergency Hospital

St.:Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

	FULL NAME Daniel weester cones	<i>y</i> •		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 s i	ale Black wooweo, Widowed	March 26, 1914. ,191 (Month) (Day (Year)		
6 D	TE OF BIRTH ZEL 9 1861 (Month) (Day (Year)	that I last saw h im alive on March 25, 1914. I last saw h im alive on March 25, 1914. I last saw h im alive on March 25, 1914. I last saw h im alive on the date stated above, at 6, 202. In the CAUSE OF DEATH* was as follows:		
(a) pai (b) bus whi	CCUPATION Trade, profession, or floular kind of work	Chronic Interstitial Nephritis. (Ouration) 2 yrs mos ds. Contributory Secondary		
Maryland 10 NAME OF FATHER Thomas Jones		(Signed) (Ouration) yrs mos ds. (Signed) Naval Hospital, M. D. Naval Hospital, M. D. *State the Disease Causing Death, or. in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.		
14 7	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant) (Address) Annapolis, Rid. (Address) Annapolis, Rid.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. 1 mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Annapolis, Md. Former or usual residence. Annapolis, Md. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKEM APDRESS APDRESS		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Civil engineer, Stationary freman, etc. But in many (a) Spinner, Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For vio-



Eyery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

N. B.

PLACE OF DEATH 2397	STATE OF MARYLAND
County anne arundel	CERTIFICATE OF DEATH
County	Registered No. 25
Village or City Drooklyn (No. 4,	Stith St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	16 DATE OF DEATH MUN-30 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	HEREBY CERTIFY, That I attended deceased from May 20, 1914, to May 30, 1914 that I last saw here alive on Men 30, 1914
7 AGE 90 yrs. mos, ds. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or perticuler kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Balto, And	Contributory (Secondary) (Secondary) (Quration) / yrs. mos. ds.
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) (Signed) (Address) (Signed) (S
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where wes disease contracted.
(Informant) Samel S. Jones	If not at plece of death? Former or usual residence
Filed mel 37, 1914 Charten Registran	MOUNT OLIVET. 20 UNDERTAKER ARMSTRONG-DENNY CO. Perspecing St. Fields Requesting V. S. No. 3

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," -Coal

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For vio-



BINDING RESERVED FOR MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

1 PLACE OF DEATH

2328

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in

2FULL NAME Jusiph Karm	St.; Ward) a hospital or institution, give its NAME instead of streef and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mulle Shile Single, Married, Wiodwed, Orbivorced Orbivorced (Write the word)	16 DATE OF DEATH May (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from May 3 1914, to May 14 1914 that I last saw has a slive on May 4 1914
7 AGE 1 LESS fhan 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Ceretral LemerLaya (Ouration) yrs mos 2 os.
9 BIRTHPLACE (State or country) Germany 10 NAME OF FATHER Joseph Rarmashi 11 BIRTHPLACE	(Signed) Thomas Man b, 1914 (Address) Slew Burner
OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER MONEY Cawfulc 13 BIRTHPLACE OF MOTHER (State or country) Serman	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitala, Inatitutiona, Transienta, or Recent Regidenta) Af place In the of death yrs, mos, ds. State yrs, mos, 1s
(Informant) Slephen Fialkorski (Address) 10275 Kummlan B	Where was disease contracted, If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 5 1914 Thomas 4 Bray observed Registrar	20 UNDERTAKER FUNCTIONS CONTROL ADDRESS BULL THE TEAT, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

17

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For Vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE PLAINLY, WITH

V. S. No. 1.

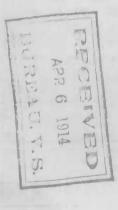
2329	
1 PLACE OF DEATH	STATE OF MARYLAND
du and dal	CERTIFICATE OF DEATH
County	Registration Dist. No. 2/
1 Pr 27	4 4-0
Village or City Manapolis (No. 3 / 1	Jollo Ward) [If death occurred in a hospitat or institution,
10 K	give its NAME Instead Of street and number.]
2 FULL NAME CONTINUE NO	election of the state of the st
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH 1/2 OTHE
RO & WIDOWED MARRIED, Single	(Month) (Day (Year)
emale Deack Orbivorced (Write the word)	17 I HERBBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	March 3 1914 to March 9 41914.
(Month) 2 (Day (Year)	that I last saw h. L. alive on March 9 1914
7 AGE tt LESS than	and that death occurred on the date stated above, at 2 m.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
BOCCUPATION MOS	
(a) Trade, profession, or particular kind of work.	for Han Brown hites
(b) General nature of industry.	on many
business, or establishment in which employed (or employer)	Deveral day (Duration) yrs mos. ds.
9 BIRTHPLACE	Contributory Ahngen
(State or country) Casthern had	and Moncellan Me mad do
10 NAME OF The STATE OF THE STA	(Signed) Solan Ridont M. D.
Orvo Voyer	mant with the way
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER	*State the Displan Culture Displant
W 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER The Brandson	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPERS
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place in the
(State or country) a a loo-	of death yrs ds. State yrs ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(informant) May Mycler	Former or usual residence
(Address) 3) Sotto Court	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Bresser Heall Make 11, 1912
Filed March 10, 1914 fragwelch	20 UNDERTAKER ADDRESS
REGISTRAR	Michefeld attoffing 118 houthestral
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal For many occupations a single word or term on the been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthfulthus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," Never report



supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION. Is very carefully supplied. See instructions on back of certificate. that It Every Item of Information should be CAUSE OF DEATH in plain terms, so Important. 8.

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2330 PLACE OF DEATH anne arundel

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

S	ŧ.		W	a	rd)

fit death occurred to

ľ	* FULL NAME Martha Lee	give its NAME instead of street and oumber.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
3 5 6	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, WIDDWED,	18 DATE OF DEATH (Month) (Day) (Year)
T A C	Month (Month 1 1 1 1 1 1 1 1 1	17 HEREBY CERTIFY, That I strended deceased from 1914, to Male 1914, to Male
(a) par (b) bus whi	CCUPATION) Trade, profession, or operator in Shirt ricular kind of work Generat cature of industry, iness, or establishment in ch employed (or employer)	Pulmonary tuber culosis (Duration) / yrs. mos. ds.
(S	10 NAME OF FATHER John Lel	(Secondary) (Deration) (Signed) (Signed) (Address) (Address)
ARENT	OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
P.	13 BIRTHPLACE OF MOTHER (State or country) Martha and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.
	(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
15 Fil	(Address) Mulwell, Md 100 Mar // ,1814 Get J. Dent M. D. Sep Local REGISTRAR	19 HOAGE OF BURIAN OR REMOVAL DATE OF BURIAL MAN 17, 1814 20 UNDERTAKER Particle Nood Triendship Mad
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mino, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, essary to know For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation bas As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Index affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrpresal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



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EXACTLY.

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County (v. W. C) Registration Dist. No. nd No 76 Ilf death occurred in a hospital or institution. give its NAME instead of street and number.] shand In PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, Mordones (Month) (Day (Write the word) Colored I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day,....hrs. The CAUSE OF DEATH * was as follows: mos..... OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry, business, or establishment In which employed (or employer) Contributor Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or Homicidal. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) W ot death yrs. mos. State yrs, ____ mos, ___ Where was disease contracted. If not at place of death?.. Former or usoal residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-less of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronie oma, Sarcoma, etc., of..... (name origin; "Cangenital," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver around of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (seeondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

ounty Anne Frundel H	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 26
Village or City Churchton (No. 2 FULL NAME Many Grilla &	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tem Volute 5 single, MARRIED, WIDOWED, ORDIVORCED Vidor (Write the word)	16 DATE OF DEATH Mus. 17, 1914 (Month) (Yay) (Year)
DATE OF BIRTH (Mouth) (Day) (Year)	that I last saw has alive on men 16 1914.
TAGE If LESS than t day,hrs. OCCUPATION OCCUPATION	and that death occurred on the date stated above, at // / m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Secondary) (Duration) yrs.— mos. Z. 8 ds. (Secondary) (Ouration) - yrs.— mos. 8 ds.
10 NAME OF FATHER OF Randrigh REENE (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) Sent M. C. MM / 9 , 1914 (Address) Muleulin, M. C. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Country, Oly Midney Va.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. Where was disease contracted,
(Informant) Many Le Canles	If not at place of death? Former or usual residence
Filed MM/8, 1914 Gly. T. Denk M. D. Leep Local REGISTRAR	Loudon Park Canday Mas 20, 1914 20 UNDERDAKED 20 UNDERDAKED LOUR SURVEY ADDRESS Sudly, MA
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfuibeen changed or given up on account of the DISEASE Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

pneumonia"); time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonla," brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cereterm for the same disease. Statement of cause of death-Name, first, the DISEASE of lungs, Tuphoid Lobar pneumonia; Bronchopneumonia meninges, peritonacum, unqualified, is indefinite); Tubercufever (never report "Typhold Examples: Cerebrospinal (avold use etc.. Carcin-

> mia," "PUERPEBAL peritonitis," etc. State cause for cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head Injury, as fracture of skull, and consequences (e. g., by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. chlidblrth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valoular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914

BINDING ESERVED C ARGIN

PHYSICIANS should state OCCUPATION RECORD 50 statement RMANENT EXACTLY tated Exa PE classified. pe should properly ы AGI supplied. pe may certificate. that 0 of 10 back terms, should UO plain Instructions Information = EATH Jo Q item OF Important. Every it

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ili death occorred in Ward) a hospital or Institution, give its NAME lostead of street and number.] ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF 3 SPX 5 SINGLE. 4 COLOR OR RACE MARRIEO, WIDOWED. (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) (Day) 7 AGE It LESS than and that death occurred on the date stated above, 1 dayhrs. was as follows: OR 7 BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ... Contributory State or country) (Secondary) (Daration 10 NAME OF FATHER S 11 BIRTHPLACE K OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT AREI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) _____ yrs. ____ mos. ____ ds. State yrs, ____ mos. ... Where was disease contracted. If oot at place of death? Former or usual residence OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

Acation, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE additional line is provided for the latter statement; tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, periionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acclsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puterenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," . (name origin; "Can-The nature of the Never report For vio-



V. S. No. 1.

Filed.

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1 PLACE OF DEATH 2334	STATE OF MARYLAND
County Chine Chundel	CERTIFICATE OF DEATH
Village or City Hawkins Pt. (No. 3rd.	Registration Dist, No. Alestrict St.; Ward) Mc Partland Registration Dist, No. [If death occurred la a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
andle white single, married, wipower, or pivorcer (Write the word)	16 DATE OF DEATH March 28, 1912 (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to, 191
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORhrs. ORhrs. ORhrs. ORhrs. ORhrs. ORhrs. OR	and that death occurred on the date stated above, atn The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work leck hand on barge (b) General nature of industry, business, or establishment in particular which employed (or employer)	drowned Body found on april 26 th: (Duration) yrs mos d
9 BIRTHPLACE (State or gountry)	Gontributory
10 NAME OF FATHER Jouned on March	(Signed) 3 rd 3 dy found m.
11 BIRTHPLACE OF FATHER (State or countil) 12 MAIDEN NAME OF MOTHER 10 MOTHER	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Acciden TAL, Suicidal, or Homicidal.
13 BIRTHPLACE U JUNE OF MOTHER (State or country)	of Real
(Informant) THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

....., 191

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As exam, (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of may be stated under the head of (secondary or intercurrent) Never report Ex-

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OCCUPATION PHYSICIANS RECORD statement PERMANENT classified. be pino properly AG supplied. be UNFADING may certifica that 20 of back terms, pinoy plain Instructions Information = of Inform DEATH See Instr CAUSE OF Important, S

should ION Is

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 26 It death occurred in St.;....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Write the word) (Month) I HEREBY CERTIFY, That I sttended deceased from 6 DATE OF BIRTH 1850 (Month) (Year) TAGE If LESS than 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE , 191 At. (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. .. (State or country) State Where was disease contracted, If not at place of death? Former or usual residence DATE OF BURIAL (Address Filed Minch 21, 1914 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative leaithfuibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia" unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of __ "Contributory." mere symptoms or terminal conditions, such as "Asnant neopiasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples:



ltem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

N. B.-Every

V. S. No. 1.

1	1 PLACE OF DEATH	STATE OF MARYLAND
	Brown Brown &	CERTIFICATE OF DEATH
Cot	unty ann arunor	Registration Dist, No. 21
Vill	age or City Pasadena (No.	St.; Ward) [It death occurred le a hospitat or institution, give its NAME Instead ot street and number.]
	2FULL NAME CONSUME ///	WEDGAL GEOTICATE OF DEATH
2	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	EX COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDINALE (Write the word)	(Month) (Day (Year)
e DA	Systember 186 (Month) (Day (Year)	that I lest saw h. A alive on March 9 4 , 1914.
7 AC	If LESS that I day,hr	and that death occurred on the date stated above, at
	4.0 yrs. mos ds. OR min. 1	- acute plante pericarditio
(a) par (b)	CCUPATION I Trade, profession, er ricular kind of work	
	iness, or establishment in ch employed (or employer)	(Ouration) yrs mos ds
	RTHPLACE (State or country) anne armedel Co h	Gontributory Alenta Arthuran Aleuman Secondary
	10 NAME OF Chas. H. Hatch -	(Signed) Signed (Ouration) yrs mos. ds
ENTS	11 BIRTHPLACE OF FATHER (State or country) R. Carolina -	*State the DISEASE CAUSING DEATH OF In deaths from Women
PARE	12 MAIDEN NAME Charety Stemmed	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Anna Annald Co	At place in the ot death yrs mos ds. State yrs mos ds
	(Informant) MOSIS TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
16	(Address). Farleight Heights	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Town Next Burial Louis May, 18 1914
	nd May 14 1814 J. S. Bellingsling	20 UNDERTAKER ADDRESS
	REGISTRAR	Dennyx armstrong Ballimor

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. first liue will be sufficient, e. g.. Farmer or Planter, For many occupatious a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

lesis of lungs, ("Pneumonia," pneumonia"); "Croup";) term for the same disease. Examples: Cercbrospinal time and causation), using always the same accepted causing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE (the only definite synonym is meningitis"); Diphtheria Typhoid Lobar meninges, peritonaeum, etc., unqualified, is indefinite): Tubercufever (never report "Typhoid pueumonia; Bronchopueumonia "Epidemic ccre-(avoid use

> "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Auaemia" (merely symptomatic), "Atrophy," affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Causcpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Juanition," "Maras-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Meastes (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; State cause for Never report For vio-



state Very 8 County. pinous PHYSICIANS should of OCCUPATION Registration D St .. Village or City War RECORD 2FULL NAME MEDICAL CERTIFICATE PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED: WIDOWED." BINDING Write the word) DATE OF BIRTH classified. that I last saw he alive on / (Month) (Day (Year) IS 7 AGE It LESS than pino and that death occurred on the date state FOR f day,....hrs. INK-THIS The CAUSE OF DEATH * OR 7 ----- YTS----properly AGE BOCCUPATION (a) Trade, protession, or RESERVED particular kind of work pe (b) General nature of Industry, UNFADING business, or establishment in may (Duration) which employed (or employer) certificate. ⁹BIRTHPLACE (State or country) Contributory carefully 10 NAME OF FATHER 80 0 WITH MARGIN pe back PARENTS 11 BIRTHPLACE terms, (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. 0 PLAINLY, 12 MAIDEN NAME plain See Instructions OF MOTHER Information OR RECENT RESIDENTS) = 13 BIRTHPLACE OF MOTHER (State or country) DEATH WRITE 14 THE ABOVE IS KNOWLEDGE It not at place of death? 9 Former or OF item usual residence. important. Every Ite (Address) 15 02 m REGISTRAR

1 PLACE OF DEATH

STATE OF M CERTIFICATE

	LAND DEATH
	No. 2-1
d)	[It death occurred in a hospital or institution, give its MAME Instead of street and number.]
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ed al	Bronchty Oryz Jrs. MOS. ds.
o e	W ,

18 LENGTH OF RESIDENCE (FOR HOSPITA

Af place				In the			
of death	yrs	mos	ds.	State	yrs,	mos.	ĺ
Where was dise							ĺ

St- Marys	CEMIT-	DATE OF BURIAL
20		

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statemeut. who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation—Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carein-

ture of the Americau Medicai Association.) cause of death approved by Committee ou Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping congh; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations ou statement of etc. death), 29 ds.; State cause for For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

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Co	1 PLACE OF DEATH unty A.A.G. 2338	STATE OF MARYLAND CERTIFICATE OF DEATH
Vii	Page or City Runapolis R Nd D.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	***COLOROR RACE 5 SINGLE, MARRIED, Lingle WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH March 30, 1914. (Month) (Day (Year)
6 D	Movember 13th, 1841 (Month) (Day (Year)	March 9, 191 4, to March 12, 191 4, that I last saw h & alive on March 12, 191 4
TA	(-0.12)	and that death occurred on the date stated above, at
(a) pai (b) bus	CCUPATION) Trade, protession, or ricular kind of work	(Duration) yrs mos ds.
	RTHPLACE (State or country) Baltimore Ind	Contributory Mithaf regulations Secondary TChronic Nephitis (Duration) yrs mos ds.
ENTS	10 NAME OF FATHER JSAAC Oweno & Jumes 11 BIRTHPLACE OF FATHER (State or country) A A.Co. MA	(Signed) Walter Hyperins, M. D. March > 1914. (Address) frances to me
PARE	13 BIRTHPLACE OF MOTHER (State or country) Montgomen Co Md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
	THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or usual residence
15 Fil	***************************************	19 PLACE OF BURIAL OR REMOVAL Date of BURIAL Date of BURIAL 20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.
A300		109.

[Approved by U. S. Census and American Public Health Association.]

CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

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Instructions

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in a hospital or justitution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 STNGLE 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Year) (Month) (Dav (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Dec. 10th (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 6 f day hrs. The CAUSE OF DEATH* was as follows: OR ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (ar employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE . 191 4. (Address) ... OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Al place OF MOTHER (State or country) of death _____ yrs. ____ mos. _ State ____ yrs.__ Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usnai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed REGISTRAR

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred to Ward) a hospital or lostitution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED 1915 WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended decreased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date atated above, 1 dey,.....hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (e) Trade, profession, or perticular kind of work. (b) General neture of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 3 ARENTS 11 BIRTHPLACE 1915c... (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ____ yrs. ____ mos. ___ State Where was disease contracted. If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL OF BURIAL 15 ADDRESS REGISTRAR

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If this ccrtificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St:Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, " (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at / 1 dayhrs SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory.... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) yrs. mos. ds. State yrs. mos. Where was disease contracted. It not at place of death? Former or usual residence Filed March 27, 1914 20 UNDERTAKER

RECISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication. as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore au Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutossis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarrlage, as "Purrperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discuse; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN Y. S. No. 1.

N. B.

County Oring ann del	CERTIFICATE OF DEATH
ď	Registration Dist. No. 26
Village or City Titelus (No.	,
* FULL NAME Mary an	n Brusle of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figurale While (Write the word)	(Month) (Day) (Year)
EDATE OF BIRTH august - 183	
7 AGE (Month) (Day) (Year If LESS 1 1 day,	han and that death occurred on the date stated above, at mhrs.
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Object 34 hours
9 BIRTHPLACE (State or country)	(Secondary) (Secondary) (Deration) (Deration) (Secondary) (Secondary)
10 NAME OF FATHER John Dows 11 BIRTHPLACE	(Signed) anyton Wilson M. D. Man 29, 1914 (Address) Vonnes hop
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(information) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Strand Strap	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL March 30, 1914 20 UNDERTAKER ADDRESS
Filed Many 1914 Ascal REGISTRAR	Bolt J. Wood Friendship W
If more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

2342

PLACE OF DEATH

[Approved by U. S. Censns and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measies (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train—accithenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BURE: U.V.S.

should CERTIFICATE OF DEATH IPLACE OF DEATH REGISTERED NO. C PHYSICIAN at of OCCUP, a hospital or Institution, give its NAME instead of street and number and fiii out No. 18.) EXACTLY. PHY Exact statement of (Residence in Baltimore: No. ·yrs..... mos. ds.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5-SINGLE. 3.SEX 4-COLOR OR RACE 16-DATE OF DEATH MARRIED WIDOWED OR DIVORCED (Write the word) (Month) (Day) be stated lassified. 6-DATE OF BIRTH 17. I HEREBY CERTIFY. That I attended deceased from (Month) (Year) (Day) C should 7-AGE if LESS than properly i day trs. and that death occurred, on the date stated above, at.... GE The CAUSE OF DEATH* was as follows: S-OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, certificate. business, or establishment in which employed (or employer) 9-BIRTHPLACE jo (State or country) (Duration) bacl Contributory 10-NAME OF (SECONDARY) FATHER On See instructions ain 11-BIRTHPLACE should PARENT OF FATHER (State or country) d 12-MAIDEN NAME *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or information OF DEATH OF MOTHER HOMICIDAL. 13-BIRTHPLACE 18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, OF MOTHER OR RECENT RESIDENTS) (State or country) state CAUSE OF is very important. 14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE of deathyrs......ds. Stateyrs..... E Where was disease contracted. state CAUS AUSI if not at place of death? Former or usual residence. BURIAL OR REMOVAL 15. REGISTRAR

Z O C

occupation is very important, so that the relative healthcupation at beginning of illness. If retired from busidefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a "Dealer," etc., without more precise specification, as worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material it should be used only when needed. As examples: (a) an additional line is provided for the latter statement; the nature of the business or industry, and therefore sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesever, write None. 6 yrs.). For persons who have no occupation whatness, that fact may be indicated thus: Farmer (retired, up on account of the DISEASE CAUSING DEATH, state ocmaid, etc. If the occupation has been changed or given in domestic service for wages, as Servant, Cook, Houseto report specifically the occupations of persons engaged ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully em-Women at home, who are engaged in the duties of the Day laborer, Farm laborer, Laborer-Coal mine, etc. Never return Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Civil engineer, Stationary fireman, etc. But in many Statement of Occupation.-Precise statement of For many occupations a single word or term on "Laborer," "Foreman," "Manager,"

Heartun

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs,

anition," "Marasmus," "Old age," "Shock," "Uræmia," ditions, such as "Asthenia," "Anæmia" merely symptocausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease tory (secondary or intercurrent) affection need not be ease; Chronic interstitial nephritis, etc. avoid use of "Tumor" meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., dental drowning; Struck by railway train - accident; if impossible to determine definitely. Examples: Acci-VIOLENT DEATHS state MEANS OF INJURY and qualify as tichaemia," "PUERPERAL peritonitis," etc. State cause ing from childbirth or miscarriage, as "Puerperal septained as the cause. Always qualify all diseases result-"Weakness," etc., when a definite disease can be ascer-"Exhaustion," "Heart Failure," "Hæmorrhage," "Debility" ("Congenital," "Senile," etc.), "Dropsy," matic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal con-Measles; Whooping cough; Chronic valvular heart distetanus) may be stated under the head of "Contribuas fracture of skull, and consequences (e. g., sepsis, bolic acid-probably suicide. The nature of the injury, Revolver wound of head-homicide; Poisoned by car-ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, for which surgical operation was undertaken. Certificates will be returned for additional informa-.(name origin; "Cancer" is less definite; for malignant neoplasms); The contribu-

tion which give any of the following diseases, without explanation, as the sole cause of death:

Abortion, Haemorrhage, Meningitis, Phlebitis, Cellulitis, Gangrene, Miscarriage, Pyaemia, Childbirth, Gastritis, Necrosis, Septicaemia, Convulsions, Erysipelas, Peritonitis, Tetanus,

The following must be referred to a Coroner:

Deaths due to accident (if criminal negligence possibly involved): Suicides, Homicides, Abortions (if induced), whether death is directly or indirectly due to the same.

MARGIN RESERVED FOR BINDING

.1.

V. S. No. 1.

RECORD	PHYSICIANS should
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.
H UNFADIN	so that it may of certificate.
RITE PLAINLY, WIT	Every Item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate.
3	Every Item CAUSE OF Important.

state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [11 death occurred in a hospital or institution, give its NAME instead of street and number.] **FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. widoweo, Quidordivorceb (Write the word) (Month) (Day (Year) attended DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above 1 day hrs. was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ------Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE A1 place In the OF MOTHER (State or country ___ yrs. ____ mos. ___ State _____ yrs. Where was disease contracted. if not at place of death?. Former or usual residence. PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER

If more bianks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenciamia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned "Coliapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The, contributory Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



FOR BINDING RESERVED MARGIN

UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY, WITH

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

STATE OF MARYLAND

•	T	IL	Y	CA	1	L	Or	U	LA	T	П	
											9	

Registration Dist. No.

.Ward)

[If death occorred la a hospital or lostitution, give its NAME instead of street and nomber.]

2345

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
eurle Pulle of Race 5 single, married, moores, mounted of wide of wide (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 / I HEREBY CERTIFY, That I attended deceased from			
ATTE OF BIRTH AM (Month) (Day (Year)	that I last saw has alive on Man 7 th 1914			
3 If LESS than 1 day,hrs. OR min. ?	and that desth occurred on the date stated above, at The CAUSE OF DEATH* was as follows:			
a) Trade, profession, or articular kind of work.) General nature of industry,	Sutroulous of fort lung			
siness, or establishment in Arusewelle	(Ouration)yrsmos			
10 NAME OF FATHER N. 1.	Contributory Secondary (Doration) yrs mos			
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violet CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.			
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place in the of death			
(Informant) State To THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.			
(Address) Serm M	19 PRACE OF BURIAL OR REMOVAL DATE OF BURIAL May 10, 191			
iled MM 9, 1914 Amoust I FEGISTAR	20 UNDERTAKER ADDRESS			

V. S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, ctc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



stated EXACTLY. PHYSICIANS should state f. Exact statement of OCCUPATION is very PERMANENT e carefully supplied. AGE should be s so that it may be properly classified. UNFADING INK-THIS IS WITH Every Item of Information should be CAUSE OF DEATH in plain terms. PLAINLY, WRITE

See Instructions on back of certificate.

Important.

N. B.

RECORD

PLACE OF DEATH

Anne armodel 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

	amoboles	Registration Dist, No
Vil	(No. ,	Rolinson St.; Ward) A hospital or institution, give its NAME instead of street and number.
	²FULL NAME (CUXUUM)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	Lale Color of Race Single, Markenny of Color of Color (Wife the word)	19 DATE OF DEATH March 14, 1914 (Month) (Day (Year)
6 D	ATE OF BIRTH	17 LHEREBY CERTIFY, That I attended deceased from
7 A	(Month) (Day (Year)	and that death occurred on the date stated above, at
pa (b) bus	CCUPATION Trade, profession, or ricular kind of work	Dorowsed about Leb 1st 130dy Launa Manh 14 (Ouration) vis. mos. ds.
9 B	RTHPLACE (State or country) Underwoon	Contributory Mrys Werdert Schoolary Mrys Werdert Windhittel Donaton wing mos. ds.
	10 NAME OF FATHER	(Signed) James & Geldwerer , 40
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER	CAPSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs, mos, ds. State yrs, mos, ds
	(Interment) W. H. Meade	Where was dispase contracted, it not at piace of death? Former or usual residence
15	(Address) Easeport mol	Brewer fill Centy March 10, 191 4
Fil	ed Mah 15 1914 Mm Wilch	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Francin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Exhaustion," For VIO-



County anni arundel	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 26
Village or City Desle (No. ,	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 . I HEREBY CERTIFY, That I attended decessed from
(Morth) (Day) (Year) (Morth) (Day) (Year) (Age	that I last saw him alive on MM 10 ,1914, and that death occurred on the date stated shove, st 3 P1 m, The CAUSE OF DEATH* was so follows: Sehrouse interstitial
(b) General nature of industry, business, or establishmeet in which employed (or employer)	Contributory (Secondary)
OF FATHER (State or country) Maryland	(Signed)
12 MAIDEN NAME OF MOTHER NEW LETTA KIRBY 13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds, \$tate yrs, mos, ds.
(Intermant) (Intermant)	Where was disease contracted, If not at place of deafh? Former or usoal residence
Filed MAN 11, 1914 Seo J. LOENT TO SO STATE PROJECTION	Pandall Cemetery Mar 11., 1914 20 UNDERTAKES C. E. Franklin St. Belto. Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ilishould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-(a) Spinner, It should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Lahorer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may he stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can he ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For vio-



MARGIN RESERVED FOR BINDING

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V. S. No. 1.

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OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY ciassified. 0 properly supplied. pe UNFADING may certificate. 0 WITH back terms. 6 piain instructions 2 DEATH 0 OF mportant. Every It

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in -Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 4 COLOR OR RACE 16 DATE OF DEATH CHARRIED ondivorces (Write the word) WIDOWED, (Month) (Day (Year) I HEREBY CERTIFY, That I sttended decessed from (Month) (Day TAGE If LESS than and that desth occurred on the date stated above, st..... 1 day hrs. The CAUSE OF DEATH * Was as follows:20m. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary (Doration) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER ELENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) yrs. mos. State _____ yrs, ____ mos. __ Where was disease contracted. THE ABOVE If not at place of death? Former or usual residence BURIAL OR REMOVAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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1 PLACE OF DEATH

CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in St .: Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 dayhrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 0 PARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. instructions OF MOTHER plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country ot death yrs. mos. . State _ ds. Where was disease contracted. If not at place of death? Former or usual residence mportant. DATE OF BURIAL 15 UNDERTA ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

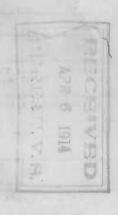
STATE OF MARYLAND

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MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	STATE OF MARYLAND
1/5 Q. Q. 2350 M	CERTIFICATE OF DEATH
County	Registration Dist. No.
Took Brooks 99	3 Out Fit doubt accurred in
Village or City (No	St.; Ward) a hospital or institution, give its NAME instead
2 FULL NAME 199 a Charine	of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewal. White the word)	18 DATE OF DEATH MARCA (Month) (Day (Year)
6 DATE OF BIRTH THE THE WORD	17 HEREN CERTIFY, That I attended d collect from
jan, - 1880	That's 1911 to March 14 1914.
7 AGE (Month) (Day (Year)	that I last asw h allve on Marca 14 1914
1 day,hrs.	and that desth occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
B OCCUPATION	Ap in the second
(a) Trade, profession, or particular kind of work.	Which hallowing the oll so
(b) General nature of industry, business, or establishment in	a de 3 f
which employed (or employer)	(Duration) Tree Tree mos.
State or country)	Secondary Secondary
10 NAME OF FATHER / / //	(Signed) Way 8 DAON MOS ds.
of 11 BIRTHPLACE	march 15, 1914 (Address 85 / Batto Sta
of FATHER (State or country) Leman.	Table of the control
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIDLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Aperluntal, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN'S, OR RECENT RESIDENTS)
(State or country) & limany.	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mas Vanty, Salwhy)	Former or usual residence.
(Address) C. Brookly 4 - GOB	19 PLACE OF BURIAL OF REMOVAL DATE OF BURYAL
16 m 1 90 of p B 77 4 20	Holy Hosary Med. 16,191
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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.. [If death occurred in a hospital or lostitution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, (Write the word) (Month) (Dav I HEREBY CERTIFY, That I attended deceased from (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as jollows: OR min. ? .mos BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory (State or country Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether ACTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ... yrs. ... __ mos. ____ _ ds. State ____ Where was disease contracted, If not at place of death?-Former or usual residence 16 20 UNBERT

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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"Manager," "Dealer," etc., without more precise speci-fication as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question The

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal soptichaeture of the American Medical Association. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The coutributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (disease causing death), 29 ds.; terminal conditions, such as "As-"Dropsy," etc. State "Exhaustion," cause for



V. S. No. 1.

RECORD	PHYSICIANS should state to of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	1. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cou	1 PLACE OF DEATH 2352	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/	
Viii	age or City assaglesles (No. 135), 2FULL NAME marsha Ann	Piece St.; Ward) [It death occurred to a hospital or institution, give its NAME Instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	** COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from	
	(Month) (Day (Year)	that I last saw her alive on March 8 1914	
(a)	IE It LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at /, 50 P.m, The CAUSE OF DEATH* was as follows:	
busi	General nature of industry, ness, or establishment in the employed (or employer) RTHPLACE (State or country)	Contributory Chronic Nephritis Secondary	
ARENTS	10 NAME OF FATHER Seo Mashing is Sediated 11 BIRTHPLACE OF FATHER (State or country) bolleurt to make (Scale or Country) bolleurt to make (Scale or Country)	(Signed)	
Δ 1	13 BIRTHPLACE OF MOTHER (State or country) Colbert C Md HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death	
((Address) Canapolis	Former or usual residence	
15 File	March 14, 1914 Jung Welch	Wiedefeld If Hopping 118 Lathedseld	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Redesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Who have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," write None. As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measics; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Measles "Senile," etc.), (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF I 1 PLACE OF DEATH Smith villemd (NO



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward

[if death occurred in

	FULL NAME & athrine &	buggs a nospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	Penule Color or RACE Single, Wisowed, Willowed, Or Olor Or Ore Will the Word)	16 DATE OF DEATH WAY (Month) (Day (Year)
6 D	March 4 , 1861 (Month) (Day (Year)	that I last saw h. It alive on Man 12.
7 A		and that death occurred on the date stated above, at 60 m, The CAUSE OF DEATH* was as follows:
(a) pa (b)	CCUPATION) Trede, profession, or ricular kind of work General neture of industry, siness, or establishment in	
whi	IRTHPLACE (State or country) a a G S Ind	Contributory Secondary (Duration) yrs
TS	10 NAME OF SUNGE Harris 11 BIRTHPLACE OF FATHER	(Signed) AP 13 Mullims, M. D. Mar-15 191 4 (Address) 7-8 Calcust or
ARENTS	(State or country) Unknown 12 MAIDEN NAME OF MOTHER D	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
<u>C</u>	13 BIRTHPLACE OF MOTHER (State or country) Luknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
	(Informent) Serge Washington	Where was disease confracted, If not at place of death? Former or usuel residence
16 Fil	ed Mcl 15, 1914 Amswilch	DATE OF BURIAL MT Julde Cerutary March 16, 191 4 20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Ralto, Requesting V S No. 1

V. S. No. 1.

N.B.

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should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the been changed or given up on account of the nisease Statement of occupation-Precise statement of occupais very important, so that the relative healthful-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



1

RECORD	PHYSICIANS shout of OCCUPATION
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [if death occurred io a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. widdwed, Maried ORDIVDRCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Year) (Day 7 AGE It LESS than and that death occurred on the date stated above, at & 1 day hrs. OR ? BOCCUPATION (a) Trade, protession, or parficular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. State yrs. ____ mos. ds. Where was disease contracted. if not at place of death?. -usual residence 15 REGISTRAR If more blanks are needed, address State Registrar & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal memingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meminges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accicause of death approved by Committee on Nomencla-"Contributory." The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for For vio-



V. S. No. 1.

15

PLACE OF DEATH County a a Carrly Village or City Annapolis (No. 166, 2FULL NAME Agree Tong	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [it death occurred in a hospital or institution, give its NAME instead of street end number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (North) (Day (Year)) 17 I HEREBY CERTIFY. That I strended deceased from
TAGE (Month) (Day (Year) TAGE (Month) (Day (Year) TAGE It LESS than 1 day,hrs. ORmin.?	that I last saw here alive on Med 1914, and that death occurred on the date stated above, at 9 4, m. The CAUSE OF DEATH* was as johnward.
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory Secondary Gontributory
11 BIRTHPLACE OF FATHER (State or country) annapoles and 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER	(Signed) Substitute (Signe
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informent)	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or

OR REMOVAL

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requising V.S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcrcutsis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," cause for



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N.B.

34.

PLACE OF DEATH	STATE OF MARYLAND
County a a	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or CHy Firstlicum (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 2/1
Mark widowed, manual or or bivorced (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from Aug., 1914, to May 24, 1914,
(Month) (Day (Year)	that I last saw has alive on Mar 23 ,1914
7 AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
yrs mos ds. OR min.?	THE CHOOL OF PERIT WAS AS TOROWS.
(a) Trade, profession, or particular kind of work.	A. F. S.
(b) General nature of Industry, business, or establishment in	(Duration) yrs. 7 mos. — ds.
which employed (or employer) BIRTHPLACE (State or country) Balti-	Contributory Secondary
10 NAME OF Culir Coarnlass	(Signed) Harry Doyl M. D.
	Mar 25, 1912 (Address) Lasz Columbia
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CANADA 14 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CANADA 14 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
- Cuer	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. ds. State yrs. mos. ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Mo Mary & Camban	Former or usual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed March 25, 1914 Thos B. Tronfon mo	ADDRESS ADDRESS
REGISTRAR	The aller 720 What are
II more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Refellering

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



RECORD INK supplied. pe O that it 9 piai = of Inform DEATH

instructions

CAUSE OF

Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. a hospital or institution give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month) (Dav ORDIVORCED (Write the word) 17 I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than 1 day, hrs. OR min. ? BOCCUPATION (a) Trade, protession, or ause particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE , 191..... (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) mos. V State Where was disease contracted usual residence. SPATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic scrvice for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b) For many occupations a single word or term on the who have no occupation whatever, cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulsis of lungs, meninges, peritonaeum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping eough; Chronic "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion,"



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. RECORD PERMANENT BINDING 4 IS FOR PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN WRITE

S. No. 1.

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N. B.

PLACE OF DEATH County Arms arundel	STATE OF MAR CERTIFICATE OI	
County	Registration Dis	t. No. 2 1
Village or City Odentin (No	St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Jernole White (Write the word)	16 DATE OF DEATH Jurach /- (Month) 17 I HEREBY CERTIFY, That I	(Day (Year)
6 DATE OF BIRTH	Followay 8, 191 to fre	
(Month) (Day (Year)	that I last saw h & allve on In Gart	
7 AGE If LESS than	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, at 4 Pm,
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Futurany J.	***************************************
business, or establishment in which employed (or employer)		yrs. 3 mos. ds.
9 BIRTHPLACE (State or country) Many Panel	Secondary Fruit Julius .	yrs mos ds.
10 NAME OF FATHER Jas a Jackson	(Signed) Burnell Fre	270 M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; an TAL, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TBUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place In the of death	
(Address) Ederation md	19 PLACE OF BURIAL OR REMOVAL Michaelus Mineral	Merch 4, 1914
Fileduceh 1914 Holdon aslaw	20 UNDERTAKER G. F. Walker	ADDRESS
J Pulago REGISTRAR	Jo. Walnes	Bellumd

2358

Ballo md If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits cau be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: Bronchopneumonia The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (secondary), 10 ds. Never report death), 29 ds.; For vio-



MARGIN

No. 1.

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PHYSICIANS should state of OCCUPATION Is very RECORD stated EXACTLY. PERMANENT properly classified. 4 AGE should be WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be carefully supplied. GAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

2359

[if death occurred in a hospital or institution, give its NAME Instead of street and number.]

FULL NAME	William	Whealton

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$	Vale A COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Merch 20, 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	Mule non - , 1 £ 2 2. (Month) (Day (Year)	may 33, 1913 to mench 20, 191 4.
7 A	GE 42. yrs. mos. ds. If LESS than 1 day hrs. OR. min.?	and that death occurred on the date stated above, at 4.459.m. The CAUSE OF DEATH* was as follows:
(a pa	OCCUPATION) Trade, profession, or ricular kind of work.	
bu:) General nature of industry, iness, or establishment in Ich employed (or employer)	(Ouration) yrs mos. 7 ds.
9 B	(State or country) Many Correl.	Secondary (Parker)
S	10 NAME OF FATHER Mukerom.	(Signed) West Address Aburnardle he
ARENT	OF FATHER (State or country) hubuum 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on Recent Residents) At place In the of death yrs mos ds
	(Informant) Krayulat	Where was disease contracted, at place of cleath, if not at place of death? Former or warcealin Cumty MA
15	(Address). Records.	Beaverdam Md DATE OF BURIAL L
FII	ed Mal 21 1914 MS Milch REGISTRAR	20 UNDERTAKER Adams ADDRESS
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborerstatement. Never rcturn additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," If the occupation has As examples: "Foremau," (7)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." iujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914

BURN 17 7. 53

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

	PLACE OF DEATH 2360	STATE OF MARYLAND
co	unty A, A,	CERTIFICATE OF DEATH
10	llage or City Solleys (No. P.	Registered No. [If death occurred is a hospital or institution
	2 FULL NAME alexander	Wilhamo give its KAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
6 DA	TE OF BIRTH Fit 16th 1849	17 I HEREBY CERTIFY, That I attended deceased from
7 AG	(Month) (Day) (Year)	that I last saw hamma alive on 191
AG	1 day,hrs.	The CAUSE OF DEATH* was as follows:
(a) i part (b) busin	yrs mos. ds. OR mln.? Trada, profession, or coloular kind of work. General nature of industry, neess, or establishment in hemployed (or employer)	Ohrman Interstand Ohrphites (Duration) yes 6 mos.
	RTHPLACE att or country) manyland	Contributory (Secondary) (Secondary) (Duration) (Duration)
S	10 NAME OF Harry Williams	(Signed) Williams D. fa M. M.
ARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Ь	13 BIRTHPLACE OF MOTHER (State or country) A angland	BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
	Informant) Rich and Edwards	Where was disease contracted, If not at place of death? Former or usual residence
45	(Address) Solleys F. C.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	no March 16, 1914 Thou By Forthe mo	20 proportaker address

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can he known. The question (a) Spinner, It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, without more precise speci-As examples: For persons "Foreman," (9)

Statement of cause of death—Name, first, the disease causing prate (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperkal scottchaecause. Always qualify all diseases resulting from etc., when a definite disease can he ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) may he stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name orlgin; "Can-



MARGIN RESERVED FOR BINDING

SICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT ciassiffed. properly supplied. pe may 0 0 terms, on back plain instructions 2 of inform DEATH OF Every item CAUSE OF important.

PLACE OF DEATH 23 Junty Ause Carry III

189

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

S		117		-41	
	h	 - W	ar	GI.	

[If death occurred in a hospital or lostitution, give Its NAME lostead of street and comber.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Write the word) DAV I HEREBY CERTIFY, That I attended decessed from (Month) (Dav TAGE It LESS than and that death occurred on the date stated above, st... f dayhrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Doration) _ which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 1111 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) At place of death _____ yrs. ___ mos. __ State _____ yrs. ___ mos. __ Where was disease contracted. If not at place of death? Former or usual residence. 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 / well 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Oid Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brouchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of 01



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death accurred la -Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SULCIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ _ ds. State _____ yrs.__ Where was disease contracted. If not at place of death?. Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

fineation as Day laborer, Farm laborer, Laborer-Coal statement. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

1 PLACE OF DEATH

2363

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No	26

..Ward)

[If death occurred is a hospital or lostitution, give its NAME instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Tom Color of RACE Single, Married ORDINARIED (Write the word)	16 DATE OF DEATH Marde (Month) (Day (Year)
6 D	ate of BIRTH angust 28 1888	May Ch 1914, to 1105 1914,
7 A	25- 6 25- 1 dayhrs.	snd that death occurred on the date stated above, at Pm, The CAUSE OF DEATH* was as follows;
(a) pa (b) bus	yrs. mos. ds. OR min. ? OCCUPATION 1) Trade, profession, or articular kind of work General nature of industry, siness, or establishment in lich employed (or employer)	Hostupican in alludine (Ouration) yrs mos ds.
	(State or country) Many (Stud	Contributory Likely Remai Gusuffrancing
10	10 NAME OF FATHER POLISH Brown	(Signed) Maclane Carra M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
<u>a</u>	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place In the of death yrs mos ds Where was disease contracted,
	(Informant) Thomas Wisiman	If not at place of death?————————————————————————————————————
1,6 FII	(Address) McKeydsee, Md	Union Chapel Date of Burial March 3, 1914 20 UNDERTAKER ADDRESS
	Social REGISTRAR	Robert Wood freendaling Md
1	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons mine, etc. Women at home, who are engaged in the eausing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

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eause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29-ds.; oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head



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ATH in plain terms, so that it may be instructions on back of certificate. PLAINLY, WITH of information should be DEATH in plain terms, s CAUSE OF Important. County as a county 2364

STATE OF MARYLAND CERTIFICATE OF DEATH

VIII	lage or Gity Jessups (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	Male Black Single, MARRIED, WHOOMED, ORDIVERCED (WITH the word)	16 DATE OF DEATH (Month) (Day (Year) 1 HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	that I last saw h. Ung. allve on Mel. 3 , 191 %.
TA		and that death occurred on the date stated above, at
	3 89 1 day,hrs.	The CAUSE OF DEATH* was as follows:
	ccupation yrs	Randrae
(b) bus wh	Trade, protession, or ricular kind of work. General nature of industry, cliness, or establishment in chemployed (or employer) IRTHPLACE" (State or country) MALINAME OF	Contributory CLA CLA Secondary (Duration) yrs mos ds.
	FATHER UMEnrum	(Signed) f M. B.
NTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME OF MOTHER AMILINOWN	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Chulchown,	At place in the of death yrs, mos ds. State yrs, mos ds
	(Informant) Syerley	Where was disease contracted, It not at place of death? Former or usual residence.
15	(Address) Lance Ma	Clim on Jemo March 6 1914
FI	led Worch 3, 1914 2 T g taskup.	Leve, French Laure Ind

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 02

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," But in many As examples: "Foreman," (4)

lesis of lungs, pneumonia"); Lobar time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia." "Croup";) term for the same disease. Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic ceremcningitis"); Typhoid force (never report "Typhoid moninges, peritonaeum, etc., unqualified, is indefinite): Tubercupneumonia; Bronchopneumonia Diphtheria (avoid Examples: Cerebrospinal

> thenia," "Anaemia" (merely symptomatie), "Atrophy." ampie: Mcastes (disease causing death), 29 ds.; nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory tctanus) Aiways qualify all diseases resulting from "Senile," ctc.), "Dropsy," (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Exhaustion,"

